

State of Maine
Department of Health and Human Services
Permit for Disposition of Human Remains

RECEIVED
SOUTHBOROUGH TOWN CLERK

2021 AUG 11 P 4: 33

Distribution of Copies:

☒ Place of Final Disposition
☐ Place of Death

☐ Place Permit Issued
☐ Issuing Clerk – Retain Until
Endorsement Received

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) Paul L. MacArthur				2. DATE OF DEATH (Mo., Day., Yr.) July 23, 2021	
3. SEX Male	4. AGE 57	5. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6. PLACE OF DEATH (City or Town) (State) Wells, ME		
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Bibber Memorial Chapel, 67 Summer Street, Kennebunk, ME 04043				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER HO9011	
8. PERMISSION REQUESTED FOR: (Check All That Apply)					
<input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment					
9. AUTHORIZATION FOR PERMIT	<input checked="" type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science	<input type="checkbox"/> Application or Court Order for Disinterment	<input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation

**PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF
THE HUMAN REMAINS IDENTIFIED ABOVE**

10. SIGNATURE OF CLERK OR (see #11) →		10b. CITY OR TOWN	10c. DATE SIGNED (Mo., Day, Yr.)
11. SIGNATURE OF SUBREGISTRAR → <i>Edward V. Bibber</i>		11b. SUBREGISTRAR OF (List Municipality appointed by): Wells, ME	11c. DATE SIGNED (Mo., Day, Yr.) 07/24/2021

DISPOSITION

<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	12. NAME OF CEMETERY OR VAULT		13. LOCATION (City or Town) (State)	
	14. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →		15. DATE (Mo., Day, Yr.)	
REMAINS WERE: <input checked="" type="checkbox"/> BURIED <input type="checkbox"/> CREMATED <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> MEDICAL USE	16. NAME OF CEMETERY, CREMATORY, MEDICAL SCHOOL, OR OTHER DESTINATION Southborough Rural Cemetery		17. LOCATION (City or Town) (State) Southborough MA	
	18. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON → <i>[Signature]</i>		19. DATE (Mo., Day, Yr.) 7-24-2021	
<input checked="" type="checkbox"/> REMOVED FROM STATE	20. NAME OF CEMETERY, OR OTHER DESTINATION Morris Funeral Home		21. LOCATION (City or Town) (State) Southborough MA	
	22. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON → <i>[Signature]</i>		23. DATE (Mo., Day, Yr.) 7-24-2021	
DISPOSITION OF CREMAINS: <input type="checkbox"/> REMAINS WERE DISINTERRED	24. <input type="checkbox"/> Buried <input type="checkbox"/> To Family <input type="checkbox"/> Scattered	25. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT		26. DATE (Mo., Day, Yr.)
	27. NAME OF CEMETERY OR VAULT		28. LOCATION (City or Town) (State)	
29. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →			30. DATE (Mo., Day, Yr.)	

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

6A. CITY OF DEATH LOS ANGELES 6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE LOS ANGELES
7A. NAME OF INFORMANT MAGDA MALDONADO 7B. RELATIONSHIP TO DECEDENT FUN DIR
8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE RACHAL'S FUNERAL HOME 5138 S BROADWAY LOS ANGELES, CA 90037
8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD2
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 3827 E WHITTIER BLVD LOS ANGELES, CA 90023

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.
9A. APPLICANT SIGNATURE [Signature] 9B. DATE SIGNED 10/03/2008
PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION of California. This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.
10A. AMOUNT OF FEE PAID \$ 11.00 10B. DATE PERMIT ISSUED 10/03/2008 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT JONATHAN FIELDING, MD
10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA LOS ANGELES CO DEPT OF PUBLIC HEALTH 313 NORTH FIGUEROA STREET, RM L-1 LOS ANGELES, CA 90012
10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D

11. AUTHORIZED DISPOSITION(S) CR/TRANSIT FOR CORONER'S USE ONLY

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CEMETERY Rural Cemetery Southborough, MA 01772 Disptn: Sec.4, Lot35B, Grv.5A (cremains)	12B. DATE BURIED 10/29/08 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING [Signature]	12C. INTERMENT NUMBER—IF APPLICABLE
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY THE GARDENS 1835 S. LEWIS ST., ANAHEIM, CA 92805	13B. DATE CREMATED 10/07/2008 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]	13C. CREMATION NUMBER—IF APPLICABLE 2370
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED MORRIS FUNERAL HOME 40 MAIN STREET, SOUTHBOROUGH, MA 01772	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	15D. DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION 16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:
COPY 1 - ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.
COPY 2 - RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 - RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.
COPY 4 - RETAINED BY REGISTRAR ISSUING THE PERMIT.
* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.
STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS VS 9a Rev. 01/01/2008

The Woodlawn Cemetery

EVERETT, MASS.

CERTIFICATE OF CREMATION

RECEIVED
TOWN CLERK'S OFFICE

2010 NOV -5 A 11:05

SOUTHBOROUGH, MA *TH*

This is to certify that the burial permit and the Medical Examiner's certificate prerequisite to cremation have been duly presented and that herewith are the cremated remains of

.....
Diana E. Martin

whose body was cremated at THE WOODLAWN CREMATORY

Date of Death April 19, 1981 *Place* Boston, Mass. *Age* 22 Years

Cause Not Stated

Cremation Number C-13262 *Date of Cremation* April 25, 1981

Certified this 29th *day of* April *19 81 by*

Shirley C. Eddy
Superintendent

The cremated remains of Diana E. Martin were buried on October 13, 2010 .

Final Disposition - Sec. 1, Lot 22, Grv#8. located
in Southborough's Rural Cemetery, Southborough Massachusetts 01772.

Certified by

[Signature]
Cemetery Supervisor

Burial - Transit Permit

DECEDENT	Name First GLORIA		Middle D.	Last MARTINE	Sex F
	Date of Death 10/21/2010		Age 87	If Veteran of U.S. Armed Forces War or Dates N/A	
	Place of Death City, Town or Village CITY ELMIRA		Hospital, Institution or Street Address 2010 NOV -5 A 11:05		
	Manner of Death <input checked="" type="checkbox"/> Natural Cause <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide		Circumstances SOUTHBOROUGH, MA Pending Investigation <input type="checkbox"/>		
DISPOSITION	Medical Certifier Name JEAN H. ANCION		Title MD		
	Address 600 ROE AVE ELMIRA, NY				
	Death Certificate Filed City, Town or Village Elmira, NY		District Number 700		Register Number 788
	<input checked="" type="checkbox"/> Burial	Date 10/25/2010	Cemetery or Crematory B. BOROUGH RURAL CEMETERY		
	<input type="checkbox"/> Entombment	Address S. BOROUGH, MA			
	<input type="checkbox"/> Cremation				
	<input type="checkbox"/> Removal and/or Hold	Date	Place Removed and/or Held		
	<input checked="" type="checkbox"/> Transportation by Common Carrier	Date 10-22-2010	Point of Shipment Syracuse, NY		
	<input type="checkbox"/> Disinterment	Date	Cemetery Address		
	<input type="checkbox"/> Reinterment	Date	Cemetery Address		
PERMIT	Permit Issued to Name of Funeral Home CAYWOOD'S FUNERAL HOME & GARDENS				Registration Number 00299
	Address 1126 BROADWAY SOUTHPORT, NY 14904				
	Name of Funeral Firm Making Disposition or to Whom Acton Funeral Home, 470 Mass. Ave. Acton, MA 01720				
	Remains are Shipped, If Other than Above Address				
ENDORSEMENT	Permission is hereby granted to dispose of the human remains described above as indicated.				
	Date Issued 10/21/10		Registrar of Vital Statistics <i>Sandra Karam</i> Deputy		
	District Number 700		Place Chemung Cty. Health Dept Office of Vital Statistics PO Box 588 Elmira, NY 14902-0588		
	I certify that the remains of the decedent identified above were disposed of in accordance with this permit on: Rural Cemetery				
	Date of Disposition 10/25/2010		Place of Disposition Southborough, MA 01772 (address)		
		1 (section)	22 (lot number)	8 (grave number)	
Name of Sexton or Person in Charge of Premises Bridget A. Gilleney-DeCenzo (please print)					
Signature <i>Bridget A. Gilleney-DeCenzo</i>		Title Cemetery Supervisor (DPW)			

(over)

PUBLIC HEALTH LAW

§ 4145. Deaths; burial and removal permits; disposition of remains.

1. No person in charge of any premises on which interments, cremations and other disposition of the body of a deceased person are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, cremation or transit permit, as provided in this article.

2. The funeral director or undertaker shall deliver the burial permit to the person in charge of the place of burial or other disposition, before interring or otherwise disposing of the body; or shall attach the removal or transit permit to the box containing the body, when shipped by any transportation company, which permit shall accompany the remains to its destination, where if within this state, it shall be delivered to the person in charge of the place of burial or other disposition.

3. The person in charge of the place of burial or other disposition shall endorse upon the permit, the date of interment, or cremation or other disposition over his signature, and shall return all permits so endorsed to the registrar of his district within seven days after the date of interment, cremation or other disposition.

4. When burying or otherwise disposing of the body of a deceased person in a cemetery or burial place having no person in charge, the funeral director or undertaker shall (a) sign the burial or removal permit, giving the date of the burial; (b) write across the face of the permit the words "No person in charge;" and (c) file the burial or removal permit within three days with the registrar of the district in which the cemetery is located.

5. The person in charge of the place of burial, cremation, or other disposition shall keep a record of all bodies interred or otherwise disposed of on the premises under his charge, in each case stating the name of each deceased person, place of death, date of burial or disposal, and name and address of the funeral director or undertaker, which record shall at all times be open to official inspection.

P.1/1
To:15084858052
16784555816
JUL-28-2010 14:14 From:BYARS FH

RECEIVED
TOWN CLERK'S OFFICE



AUG 24 A 8:13

SOUTHBOROUGH, MA

Georgia Department of Human Resources
Vital Records Service
PERMIT FOR THE DISPOSITION OF HUMAN REMAINS

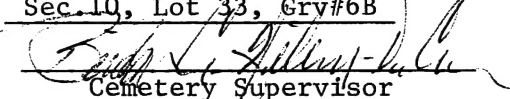
3332

PERMIT NUMBER

1. Name of Decedent KATHLEEN ANN MASCIARELLI		2. Date of Death 7-26-10	3. Fetal Death? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Place of Death (Hospital or Street No.) OR Interment (Cemetery) 3240 Lakeside Dr. Cumming, Georgia. 30041		5. City, Town or Location of Death OR Interment 5.	6. County of Death OR Interment Forsyth
7. Name of Certifying Physician, Coroner or Medical Examiner (Not Used For Disinterment/Reinterment) Dr. William Childs		8. Certifier's Address (Not Used For Disinterment/Reinterment) 8013 Majors Road. Cumming. GA 30041	
9. Funeral Home Name and Address Bvars Funeral Home & Cremation Services 155 Professional Park Drive. Cumming. GA 30040		10. Funeral Home Lic. No. 1164	
11. Method of Disposition Cremation <input checked="" type="checkbox"/> Donation <input type="checkbox"/> Other <input type="checkbox"/> Removal From State <input type="checkbox"/>		12. Date of Disposition OR Reinterment 7-29-10	
13. Name and Address of Disposition OR Reinterment Site Memorial Park Crematory 2030 Memorial Park Dr Gainesville GA		14. Location of Disposition OR Reinterment Site (County, City or State) GAINESVILLE (HALL) Georgia	
15. Local Vital Records Registrar - Signature 			
16. Date Signed May 27, 2010			
17. Sexton (or Person in Charge) - Signature 			
18. Date Signed 7-28-10			

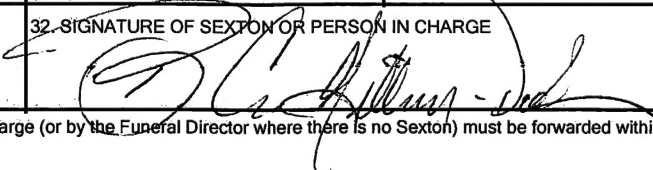
Form 3934 (Rev. 8-91)

FUNERAL DIRECTOR

The cremated remains of Kathleen Ann Masciarelli were buried on July 31, 2010
at Rural Cemetery in Southborough, MA, Final Disp. Sec. 10, Lot 33, Gry#6B
Certified by 
Cemetery Supervisor

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT			1. BURIAL PERMIT NO 2. CITY OR TOWN		RECEIVED TOWN CLERK'S OFFICE
3. DECEDENT'S NAME (First, Middle, Last) BARBARA FRANCES MASTERMAN			4. SEX FEMALE	5. DATE OF DEATH (Month, Day, Year) JUNE 2, 2012	
6. AGE 87 Years	7. DATE OF BIRTH (Month, Day, Year) JUNE 14, 1924	8. CITY, TOWN, OR LOCATION OF DEATH LACONIA		9. COUNTY OF DEATH BELKNAP	
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other):					CODE: 1
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)			RURAL CEMETERY		
12. LOCATION (City/Town, State)			SOUTHBOROUGH, MA		
13. DATE OF DISPOSITION (Refer to 19a)			JUNE 7, 2012		
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL					
15. LOCATION OF FINAL DISPOSITION (City/Town, State)					
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:					
16. FUNERAL DIRECTOR CYNTHIA F BRYANT				17. N.H. LIC. NUM ONLY 0000	
18. NAME AND LOCATION OF FACILITY (City/Town, State)			JOHN C. BRYANT FUNERAL HOME, WAYLAND, MA		
19. COUNTER SIGNED AGENT(City Board of Heath/Sub-Register if app.) RUSSELL J BEANE			20. CITY/TOWN LACONIA		21. DATE ISSUED (Month, Day, Year) JUNE 5, 2012
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE					
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)			23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT				26. DATE ISSUED (Month, Day, Year)	
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW					
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Burial Sec. 1, Lot 2B, Grv#4		28. DATE OF DISPOSITION (Month, Day, Year) June 7, 2012		29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery, Southborough, MA	
30. SECTION 1	31. GRAVE NO. 4	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 			
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.					



Received and filed in the Office of the Town Clerk June 20, 2003 8:00am
State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

A. (TYPE) Paul J. Berry, Town Clerk

1. Name of Deceased	First Charles	Middle Filmore	Last Masterman	Date of Death	Month June	Day 12	Year 2003
2. Place of Death	City, Town or Location Highlands Sebring			Name of (If neither, give street address) Hosp. or Inst. Florida Hospital Heartland			
3. Name of Medical Certifier	Address DR Lagnae <input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician 3581 S. Highlands Ave. Sebring, FL 33870			Phone Number 863-385-5129			
4. Name of Funeral Home/Direct Disposal Establishment	Address Fountain-Chandler Funeral Home 125 Park Ave. E. Lake Placid, FL 33852			Fla. Lic. No./Reg. No. 1874	Phone No. (Area Code) 863 465-2113		
5. Check Appropriate Box	a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.						
	b. <input checked="" type="checkbox"/> <u>The Nurse at Doctors office</u> was contacted on <u>6-12-03</u> . He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that <u>DR Lagnae</u> will complete and sign the medical certification of cause of death within 72 hours.						
	c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.						
6. Funeral Director/Direct Disposer	Signature <u>[Signature]</u>			F.E. No./Reg. No. 3173	Date Signed <u>6-13-2003</u>		

B. **BURIAL - TRANSIT PERMIT** Permit No. 18740368

Permission is hereby granted to dispose of this body.

☐ A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

☒ No extension of time for filing the death certificate has been requested.

Registrar or Subregistrar Signature Martha Chandler Date Issued: 6-12-2003 Date Certificate Due: _____

C. **AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA**

Approval Number: [Redacted] Date _____

Medical Examiner, _____, gave authorization by telephone to _____ Funeral Director/Direct Disposer. Date _____

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. **CEMETERY OR CREMATORY**

Method of Disposition: ☒ BURIAL ☐ STORAGE ☐ CREMATION ☐ OTHER (Specify) _____

Place of Disposition Rural Cemetery Southborough, MA 01772

Date of Disposition June 18, 2003
Sec. 1, Lot 2B, Grv#3

Signature of Sexton or Person-in-Charge } [Signature]

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

APPLICATION FOR PERMIT

Section A.

1. **Type** name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
 - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
 - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
 - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

BURIAL-TRANSIT PERMIT

Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.) _____

CEMETERY OR CREMATORY

Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

Burial - Transit Permit

DECEDENT	Name	First <u>MARIE</u>	Middle <u>F.</u>	Last <u>MELLO</u>	Sex <u>FEMALE</u>	
	Date of Death	<u>1-7-93</u>	Age <u>61</u>	If Veteran of U.S. Armed Forces, War or Dates <u>N/A</u>		
	Place of Death City, Town or Village	<u>TOWN OF ITHACA</u>		Hospital, Institution or Street Address <u>TOMPKINS COMMUNITY HOSP</u>		
	Manner of Death	<input checked="" type="checkbox"/> Natural Cause <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Circumstances <input type="checkbox"/> Pending Investigation				
DISPOSITION	Medical Certifier	Name <u>LAWRENCE P. ENDO</u>		Title <u>MD</u>		
	Reinterment	Address <u>1301 TRUMANSBURG ROAD, ITHACA, NY 14850</u>				
	Death Certificate Filed City, Town or Village	<u>TOWN OF ITHACA</u>	District Number <u>5400</u>	Register Number		
	<input checked="" type="checkbox"/> Burial	Date <u>11-12-93</u>	Cemetery or Crematory <u>RURAL CEMETERY</u>			
PERMIT	<input type="checkbox"/> Cremation	Address <u>SOUTHBOROUGH,</u>		<u>MASSACHUSETTS</u>		
	<input type="checkbox"/> Removal and/or Hold	Date	Place Removed and/or Held			
	<input type="checkbox"/> Transportation by Common Carrier	Date	Point of Shipment			
		Destination				
ENDORSEMENT	<input type="checkbox"/> Disinterment	Date	Cemetery Address			
	<input type="checkbox"/> Reinterment	Date	Cemetery Address			
	Permit Issued to	Name of Funeral Firm <u>BANGS FUNERAL HOME, INC.</u>			Registration Number <u>00093</u>	
		Address <u>209 WEST GREEN ST., ITHACA, NY 14850</u>				
ENDORSEMENT	Name of Funeral Firm Making Disposition or to Whom Remains are Shipped, If Other than Above					
	Address					
	Permission is hereby granted to dispose of the human remains described above as indicated.					
	Date Issued	<u>1-8-93</u>	Registrar of Vital Statistics	<u>Shirley J. Surran</u> (signature)		
ENDORSEMENT	District Number	<u>5400</u>	Place	<u>Ithaca, NY</u>		
	I certify that the remains of the decedent identified above were disposed of in accordance with this permit on:					
	Date of Disposition	<u>1 - 12 -93</u>	Place of Disposition	<u>Cordaville Road, Southborough, MA 01772</u> (address)		
		<u>D</u> (section)	<u>29</u> (lot number)	<u>4</u> (grave number)		
ENDORSEMENT	Name of Sexton or Person in Charge of Premises <u>Bridget A. Gilleney</u> (please print)					
	Signature	<u>Bridget A. Gilleney</u>	Title	<u>Supervisor - Cemetery Division</u>		

PUBLIC HEALTH LAW

§ 4145. Deaths; burial and removal permits; disposition of remains.

1. No person in charge of any premises on which interments, cremations and other disposition of the body of a deceased person are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, cremation or transit permit, as provided in this article.

2. The funeral director or undertaker shall deliver the burial permit to the person in charge of the place of burial or other disposition, before interring or otherwise disposing of the body; or shall attach the removal or transit permit to the box containing the body, when shipped by any transportation company, which permit shall accompany the remains to its destination, where if within this state, it shall be delivered to the person in charge of the place of burial or other disposition.

3. The person in charge of the place of burial or other disposition shall endorse upon the permit, the date of interment, or cremation or other disposition over his signature, and shall return all permits so endorsed to the registrar of his district within seven days after the date of interment, cremation or other disposition.

4. When burying or otherwise disposing of the body of a deceased person in a cemetery or burial place having no person in charge, the funeral director or undertaker shall (a) sign the burial or removal permit, giving the date of burial; (b) write across the face of the permit the words "No person in charge;" and (c) file the burial or removal permit within three days with the registrar of the district in which the cemetery is located.

5. The person in charge of the place of burial, cremation, or other disposition shall keep a record of all bodies interred or otherwise disposed of on the premises under his charge, in each case stating the name of each deceased person, place of death, date of burial or disposal, and name and address of the funeral director or undertaker, which record shall at all times be open to official inspection.

13, 1985

CITY CLERK'S OFFICE

Received and filed in the Office of the Town Clerk April 19, 2006 10:30am

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Paul J. Berry, TownClerk

1A. NAME OF DECEDENT - FIRST (GIVEN) DOMENIC		1B. MIDDLE J	1C. LAST (FAMILY) MERLONI		2. DATE OF BIRTH MONTH, DAY, YEAR 10/22/1923	3. DATE OF DEATH MONTH, DAY, YEAR 04/04/2006	4. SEX M
5A. CITY OF DEATH PALM DESERT			5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE RIVERSIDE		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GAIL MERLONI, WIFE 76594 BEGONIA LANE PALM DESERT, CA 92211		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ROSE MORTUARY, 66424 PIERSON BOULEVARD DSRT HT SPRINGS, CA 92240			7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD 1568		8A. SIGNATURE OF APPLICANT - Person taking permit Gail Merloni		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 04/05/2006				
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR- ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA		9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 04/05/2006	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT GARY M FELDMAN, MD		
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -- IF DEATH OCCURRED IN CALIFORNIA RIVERSIDE COUNTY HEALTH DEPT. P.O. BOX 7600 RIVERSIDE, CA 92513-7600		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -- IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -				
10. AUTHORIZED DISPOSITION(S) TR				FOR CORONER'S USE ONLY			

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY - Burial In Rural Cemetery Southborough, MA	11B. DATE BURIED 4/10/06	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Gail Merloni	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED MATARESE FUNERAL HOME, 325 MAIN STREET, ASHLAND, MA 01721	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DIS- POSER - IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

RECEIVED
TOWN CLERK'S OFFICE
2012 JUL 10 A 10:35

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE			1. BURIAL PERMIT NO	
BURIAL TRANSIT PERMIT			2. CITY OR TOWN	
3. DECEDENT'S NAME (First, Middle, Last) EVELYN MERRILL			4. SEX FEMALE	5. DATE OF DEATH (Month, Day, Year) MAY 23, 2011
6. AGE 92 Years	7. DATE OF BIRTH (Month, Day, Year) OCTOBER 29, 1918	8. CITY, TOWN, OR LOCATION OF DEATH CHESTERFIELD		9. COUNTY OF DEATH CHESHIRE
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other):				CODE: 3
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) EVERGREEN CREMATORY				
12. LOCATION (City/Town, State) BRATTLEBORO, VT				
13. DATE OF DISPOSITION (Refer to 19a) MAY 26, 2011				
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL UNKNOWN				
15. LOCATION OF FINAL DISPOSITION (City/Town, State) UNKNOWN				
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:				
16. FUNERAL DIRECTOR CHRISTOPHER M WILDER			17. N.H. LIC. NUM ONLY 876	
18. NAME AND LOCATION OF FACILITY (City/Town, State) FLETCHER FUNERAL HOME AND CREMATION SERVICES, KEENE, NH				
19. COUNTER SIGNED AGENT (City Board of Health/Sub-Register if app.) CHRISTOPHER M WILDER		20. CITY/TOWN CHESTERFIELD		21. DATE ISSUED (Month, Day, Year) MAY 26, 2011
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE				
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW				
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Buried		28. DATE OF DISPOSITION (Month, Day, Year) June 23, 2012		29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA
30. SECTION 1-C	31. GRAVE NO. Lot 1-D, Grv2A	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				

RECEIVED
TOWN CLERK'S OFFICE

A COPY OF THIS PERMIT MUST ACCOMPANY THE BODY TO THE FINAL DESTINATION		STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES – BUREAU OF VITAL RECORDS DISPOSITION TRANSIT PERMIT		PERMIT NUMBER DP2018-015677
IDENTIFICATION OF DECEASED	1. DECEDENT'S LEGAL NAME (FIRST MIDDLE LAST SUFFIX) JOHN, MICHAEL, MINNUCCI		2. SEX MALE	3. DATE OF BIRTH 03/20/1957
	5. PLACE OF DEATH - CITY OR TOWN YUMA		6. COUNTY YUMA	
MANNER AND PLACE OF DISPOSITION	8. NAME AND ADDRESS OF FUNERAL FACILITY OR PERSON RESPONSIBLE YUMA MORTUARY & CREMATORY 775 S 5TH AVENUE, YUMA, AZ 85364			
	9. NAME OF FUNERAL DIRECTOR OR RESPONSIBLE PERSON DARREN, MATTICE			
	10. METHOD OF DISPOSITION CREMATION		11. NAME AND LOCATION OF 1 ST DISPOSITION FACILITY YUMA MORTUARY & CREMATORY, YUMA, AZ, US	
	13. METHOD OF DISPOSITION <i>URIAL BURIAL</i> <i>SEC. 11, GEN. #136A</i>		14. NAME AND LOCATION OF 2 ND DISPOSITION FACILITY <i>RURAL CEMETERY</i> <i>11 CARDVILLE RD., SOUTH BOROUGHS, MA</i>	
	12. DATE OF DISPOSITION 05/22/2018		15. DATE OF DISPOSITION <i>JUNE 12, 2018</i>	
AUTHORIZATION	16. MEDICAL EXAMINER'S AUTHORIZATION FOR CREMATION VICTOR, M., ALVAREZ		17. DATE OF AUTHORIZATION 05/21/2018	
A.A.C. R9-19-313 REQUIRES THAT A PERSON IN CHARGE OF A PLACE OF FINAL DISPOSITION IN ARIZONA SHALL MAINTAIN A COPY OF THIS DISPOSITION TRANSIT PERMIT AT THE PLACE OF FINAL DISPOSITION FOR AT LEAST FIVE YEARS AFTER THE ISSUE DATE				

VS-8 Rev 7/2017

L.C. Gentry Jr 6/12/2018



0000000879

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2014 070387

Information necessary for the Certificate of Death has been completed for:

RECEIVED
TOWN CLERK'S OFFICE

2014 SEP 26 AM 10:04

SOUTHBOROUGH, MA

DECEDENT	Decedent Name MOORE, MARY		
	Place of Death UMASS MEMORIAL MEDICAL CENTER - UNIVERSITY CAMPUS, WORCESTER, MA		
	Date of Death SEPTEMBER 15, 2014	Date of Birth DECEMBER 07, 1921	Sex FEMALE
	Residence 238 W MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
CERTIFIER	Branch of military (most recent) ---		
	Rank/organization/outfit (most recent) ---		
	Date entered (most recent) ---	Date Discharged (most recent) ---	Service Number (most recent) ---
	Certifier EVAN BRADLEY, MD		
	Lic # 261011		
DISPOSITION	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655		
	Immediate Cause of Death LEFT MIDDLE CEREBRAL ARTERY STROKE		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/Designee NANCY G MORRIS Lic # 50277		
	Facility MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
PERMIT	Disposition Type BURIAL		
	Date of Disposition SEPTEMBER 20, 2014		
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	Endorsements		
	Registry of Vital Records and Statistics		
CONFIRMATION	Board of Health/Agent for: WORCESTER		
	State Tracking # 070387		
	Local Permit # 1216-14		
	Date SEPTEMBER 16, 2014		
	Date SEPTEMBER 17, 2014		
Name of Agent DEREK S. BRINDISI			
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
Place of Disposition (Facility Name and Address) Rural Cemetery Southborough, MA 01772 Section 3, Lot 42A, Gry#1		Signature X	
Disposition Type Full Earth Burial	Date of Disposition Sept. 20, 2014	Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeCenzo	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

95 0534

REGISTERED NUMBER

STATE USE ONLY

4a PLACE

4c HOSP.

6. TYPE

7. VET.

8. HISP	
---------	--

9. EDUC.

10. AGE

11. NATIVIT

12. MARITAL STATUS

16. RESID.

15. OUT-STATE

23. DISP.

31-32	
-------	--

33. MED EXA

34. MANNER

35C. WORK IN

35F. PLACE

36-37 **CERT**

40A RN PRO

DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

BLACK INK ONLY

R-301-89

DECEDENT - NAME FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)	
1 WALTER		FRANCIS		MC CURLEY SR.		2 M	3 FEB. 27, 1995	
PLACE OF DEATH (City/Town)		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)				
4a WORCESTER		4b WORCESTER		4c - MEMORIAL CAMPUS				
PLACE OF DEATH (Check only one):		OTHER:		SOCIAL SECURITY NUMBER		IF US WAR VETERAN SPECIFY WAR		
<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		<input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		6 029-18-7527		7 WWII		
5 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.)		8a RACE (e.g. White, Black, American Indian, etc.) (Specify):		DECEDENT'S EDUCATION (Highest Grade Completed)				
5a NO <input type="checkbox"/> YES <input type="checkbox"/>		8b WHITE		9 12				
6a Specify:		AGE - Last Birthday (Yrs.)		DATE OF BIRTH (Mo., Day, Yr.)		BIRTHPLACE (City and State or Foreign Country)		
		10a 72		10d FEB. 9, 1923		11 WATERTOWN, MA.		
12 MARRIED		13 MILDRED W. IRONS		14a TECHNIATION		14b U.S. GOVERNMENT		
15a 28 RUTH RD., MARLBORO, MIDDLESEX, MA.		15b 01752		16 THOMAS MC CURLEY		17 MA.		18 NORA CULKIN
19 MA.		20 MILDRED W. MC CURLEY		21 28 RUTH RD., MARLBORO, MA.		22 WIFE		
23 DONATION <input type="checkbox"/> OTH. SPEC:		24 JOHN P. ROWE JR.		25 5375				
26a RURAL CEMETERY		26b SOUTHBORO, MA.		27 MAR. 2, 1995		28a/b 57 MAIN ST., MARLBORO, MA. 01752		
29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY.		30		31		32		
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. SEPTIC SHOCK		b. PNEUMONIA		c. d.		
33		34 MANNER OF DEATH		35a		35b		
36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title)		36b DATE SIGNED (Mo., Day, Yr.)		36c HOUR OF DEATH		36d NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER		
37a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title)		37b DATE SIGNED (Mo., Day, Yr.)		37c HOUR OF DEATH		37d NAME OF PRONOUNCING REGISTERED NURSE		
38 MARC RESNORA		39 119 Belmont St. WORCESTER MA 01605		40a		40b		
41		42		43		44		

RECEIVED
TOWN OF SOUTHBOROUGH'S OFFICE
2014 SEP 15 P 1:41
SOUTHBOROUGH, MA



State of Florida, Department of Health, Bureau of Vital Statistics
BURIAL TRANSIT PERMIT

DATE PRINTED: July 31, 2014

TRACKING NUMBER: 2014109593

1. DECEDENT INFORMATION

Name of Deceased		Date of Death
LOUISE M MCDONOUGH		July 29, 2014
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
HILLSBOROUGH	RUSKIN	SUN CITY CENTER HOSPICE HOUSE
Name and Address of Funeral Home/Direct Disposal Establishment		Fla. Lic. No./Reg. No. Phone Number
AFFINITY DIRECT CREMATION SVC F040178 1446 OAKFIELD DRIVE BRANDON, FLORIDA, 33511		F040178 (813) 684-7500
Funeral Director/Direct Disposer		Fla. Lic. No./Reg. No.
TOM C. WAGNER		F032310

2. BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Meade Grigg, State Registrar

Permit Number: 2014-F040178-5212

Date Issued: July 29, 2014

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 13

Approval Number: 14-05161Q

4. CEMETERY OR CREMATORY

Place of Disposition: CREMATION CENTER OF TAMPA BAY

Method of Disposition: CREMATION

Date of Disposition: _____

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

I hereby certify that the cremated remains of
Louise M. McDonough Accompanying this certificate was disposed
of in accordance with it's term.

At Rural Cemetery Town Southborough, MA

On August 13, 2014 Final Disposition Sec.4, Lot 3A, Grv#1B

Certified by Cemetery Supervisor

Town of Southborough



State of Florida, Department of Health, Bureau of Vital Statistics
BURIAL TRANSIT PERMIT

DATE PRINTED: November 5, 2018

TRACKING NUMBER: 2018177526

1. DECEDENT INFORMATION

Name of Deceased		Date of Death
CAROLE RUTH MCLAUGHLIN		November 3, 2018
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
INDIAN RIVER	VERO BEACH	GRACE REHABILITATION CENTER OF VERO BEACH
Name and Address of Funeral Home/Direct Disposal Establishment		Fla. Lic. No./Reg. No. Phone Number
COX-GIFFORD SEAWINDS FUNERAL HOME & CREMATORY F073377 1950 20TH ST VERO BEACH, FLORIDA, 32960		F073377 (772) 562-2365
Funeral Director/Direct Disposer		Fla. Lic. No./Reg. No.
RACHEL E DELASHMUTT		F052116
Medical Verification Statement		
Office Staff at the certifying physician's office, was contacted on 11/05/2018 by the funeral director listed above; he/she indicated that ZAFAR IQBAL SHARAR, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.		

2. BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

State Registrar

Permit Number: 2018-F073377-5428

Date Issued: November 5, 2018

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 19

Approval Number: C18-19-11-CGS9

4. CEMETERY OR CREMATORY

Place of Disposition: *LUCK CEMETERY "COLDWILLE RD" SOUTHBOROUGH, MA*
Method of Disposition: *BURIAL OF CREMATED REMAINS*

Date of Disposition: *DEC. 4, 2018*

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

RECEIVED
2018 DEC 11 P 12
SOUTH BOROUGHS, MA

RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK OCT.7, 2008 9:00AM
REMOVAL, TRANSIT AND BURIAL PERMIT

1-9 Rev. 12/18/98

STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH
 HARTFORD, CT 06134-0308

PERMIT NO.

2008-58

DATE ISSUED

6 / 23 / 08

Paul J. Berry

PAUL J. BERRY, TOWN CLERK

THIS PERMIT: a. is sufficient for the removal of a body to any town and also for interment; b. must accompany body and c. must be given to person in charge of cemetery and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.
 THIS IS NOT a permit to cremate. For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.
 This form must be returned to the REGISTRAR of the Town where the cemetery is located.

REMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF Sylvia Whitman		WHO DIED AT McLean		ON 6 / 19 / 08
USE OF DEATH Failure to thrive, dementia				
TEMPORARY DISPOSITION (LOCATION, ADDRESS, CITY, STATE AND TELEPHONE NUMBER) If body placed in receiving vault, give date.				
FINAL DISPOSITION (Name and address of cemetery or crematory) Farmington Valley Crematory, Canton, CT				
RIAL PLOT	SECTION NO.	LOT NO.	GRAVE NO.	OTHER PLACE OF INTERMENT (Specify)
FUNERARIED TO (Name of Funeral Director or Embalmer) Richard J Vincent Jr		ADDRESS VFH 880 Hopmeadow St, Simsbury		IF EMBALMER, LICENSE NO. 2315
Certificates required by state statute have been received and recorded. Body has been prepared in accordance with the Public Health Code.		SIGNED (Registrar of Vital Statistics) <i>James C Brady, Asst.</i>		TOWN OF Simsbury
SEXTON'S ENDORSEMENT		THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE NAMED CEMETERY (Sexton's Signature)		TRANSIT PASTER <input type="checkbox"/> YES <input type="checkbox"/> NO DATE BODY BURIED / /

I Hereby certify That the cremated remains accompanying this permit was disposed of in accordance with its terms

at: Burnett Burial Park

on: September 20, 2008

Person making arrangements: Angelica Schuyler Whitman (Dau)

Cemetery Mgmt Signature:

David C. Gellum-Delany

RECEIVED



0000610850

Form R-309 07012014

Commonwealth of Massachusetts
Registry of Vital Records and StatisticsDISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT

SOUTHBOROUGH TOWN CLERK

State File #

2022 002399

2022 FEB -8 P 3: 43

OCME CASE # 2022-384

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	MCMAHON , STEPHANIE LYNNE		
	Place of Death	49 BOSTON ROAD, SOUTHBOROUGH, MA		
	Date of Death	JANUARY 07, 2022	Date of Birth	MARCH 06, 1986
	Sex	FEMALE		
	Residence	49 BOSTON ROAD, APT4D, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
	Branch of military (most recent)	Rank/organization/outfit(most recent)		
	---	---		
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
	---	---	---	
CERTIFIER	Certifier	RICHARD J. EVANS, MD		
	Addr.	55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655		
	Immediate Cause of Death	PENDING		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensed Designee	SEAN A OTERI	Lic # 7097
	Facility.	OTER FUNERAL HOME, INC., FRANKLIN, MASSACHUSETTS	
	Disposition Type	BURIAL	
	Place/Address	SAINT MARY'S CEMETERY, 185 BEAVER STREET, FRANKLIN, MASSACHUSETTS 02038	
	Date of Disposition	JANUARY 17, 2022	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH	
	State Tracking #	002399	Local Permit #	002399
	Date	JANUARY 17, 2022	Date	JANUARY 17, 2022
			Name of Agent	JAMES F. HEGARTY

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
	St. Mary Cemetery 175 Beaver St. Franklin MA		x Rev Brian Manning
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:
	Burial	January 17, 2022	Joseph Spencer

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

Paul J. Berry
 Paul J. Berry, Town Clerk
 FUNERAL DIRECTOR

CONTRACT #
PERMIT #

FLORIDA CERTIFICATE OF DEATH
FOR PROOFING ONLY

1. DECEDENT'S NAME (First, Middle, Last, Suffix) CHARLES F. McNEIL, JR				2. SEX Male	
3. DATE OF BIRTH (Month, Day, Year) 10-25-1922		4a. AGE - Last Birthday (Years) 85		4b. UNDER 1 YEAR Months Days Hours Minutes	
5. DATE OF DEATH (Month, Day, Year) 6-26-08		12:15 PM			
6. SOCIAL SECURITY NUMBER 720-10-9939		7. BIRTHPLACE (City and State or Foreign Country) WEST BORO, MASS		8. COUNTY OF DEATH BREVARD	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
10. FACILITY NAME (If not institution, give street address) CAPE CANAVERAL HOSPITAL				11a. CITY, TOWN, OR LOCATION OF DEATH BREVARD	
12. MARITAL STATUS (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married				13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	
14a. RESIDENCE - STATE FL		14b. COUNTY BREVARD		14c. CITY, TOWN, OR LOCATION COCOA BEACH	
14d. STREET ADDRESS 620 S. BREVARD AVE				14e. APT. NO. 1033 14f. ZIP CODE 32931 14g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired" FLEET DISPATCHER				15b. KIND OF BUSINESS/INDUSTRY ASPHALT DISTRIBUTION	
16. DECEDENT'S RACE (Specify the race/ethnicities to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)					
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian					
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input checked="" type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate					19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20. FATHER'S NAME (First, Middle, Last, Suffix) CHARLES F. McNEIL, JR			21. MOTHER'S NAME (First, Middle, Maiden Surname) MARY L O'DONNELL		
22a. INFORMANT'S NAME LEE THOMAS McNEIL			22b. RELATIONSHIP TO DECEDENT SON		23a. INFORMANT'S MAILING - STATE MASS
23b. CITY OR TOWN STOW		23c. STREET ADDRESS 150 BARTON Rd			23d. ZIP CODE 01775
24. INFORMANT'S SIGNATURE <i>[Signature]</i>				24b. PHONE # (978) 568-3672	
25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)			25a. LOCATION - STATE		25b. LOCATION - CITY OR TOWN
26a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Cremation					

NOTES

12 DC'S 10 WITH 2 W/O

FINAL DISPOSITION:

AN

PN

Urn Earth burial of Urn- Mahogany type

Disposition of Cremains Burial on 7/26/08 Sec.C-West, Lot 51S, Grv#4A

Arranged by Lee McNeil (Son) Stow, MA 978-568-3672

Burial At Rural Cemetery, Southborough, MA

Cemetery Mngt Signature -

[Signature]

Paul J. Berry
Paul J. Berry
Town Clerk

STATE OF HAWAII
DEPARTMENT OF HEALTH**BURIAL-TRANSIT PERMIT**RESEARCH AND
STATISTICS OFFICE

763

PERMIT NO.

NAME OF DECEASED (FIRST)		(MIDDLE)		(LAST)	DATE OF DEATH
EDWARD		WEBSTER		NEWTON	NOVEMBER 21, 2003
SEX	RACE	AGE	PLACE OF DEATH (CITY OR TOWN)		(COUNTY) (STATE)
MALE	CAUCASIAN	81	KIHEI, MAUI, HAWAII		
Method of disposal 11/26/03		PLACE OF DISPOSITION (NAME OF CEMETERY OR CREMATORY)			CAUSE OF DEATH
<input type="checkbox"/> Burial	<input checked="" type="checkbox"/> Cremation	BALLARD FAMILY MORTUARY			
<input type="checkbox"/> Removal	<input type="checkbox"/>	(CITY OR TOWN) (COUNTY) (STATE)			
SPECIFY OTHER		KAHULUI, MAUI, HAWAII			
Name of funeral establishment				BUSINESS ADDRESS	
BORTHWICK MORTUARY/NORMAN'S				WAILUKU, HAWAII	
A certificate of death having been filed, permission is hereby given to dispose of this body					
SIGNATURE OF LOCAL REGISTRAR		(CITY OR TOWN)	(COUNTY)	DATE	
<i>[Signature]</i>		WAILUKU, MAUI		NOVEMBER 26, 2003	
Authorized disposition as stated above occurred on (date)			SIGNATURE OF PERSON IN CHARGE OF CEMETERY OR CREMATORY		

*An entry here is required only if the body is shipped by common carrier and the death certificate specifies plague, Asiatic cholera, smallpox, epidemic typhus fever, yellow fever, or louse-borne relapsing fever.

*Where no designated person is in charge of a cemetery, the funeral director should sign here. The person signing is responsible for returning this permit within 10 days to the registrar of the district in which burial or cremation took place.
RS-9 Rev. 10M 1075

The cremated remains of Edward W. Newton were buried on Sept. 21, 2004 at Rural Cemetery, Southborough. Location is Sec. B-West, Lot 40, Grv#6A.

[Signature]
Bridget A. Giffeney-DeCenzo

State of Maine
Department of Health and Human Services
Permit for Disposition of Human Remains

Distribution of Copies:

☐ Place of Final Disposition
☐ Place of Death

☐ Place Permit Issued
☐ Issuing Clerk - Retain Until
Endorsement Received

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) Lillian (Pelland) Nolan				2. DATE OF DEATH (Mo., Day, Yr.) 1/12/2015	
3. SEX F	4. AGE 99	5. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6. PLACE OF DEATH (City or Town) (State) Lincolntonville Maine		
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Riposta Funeral Home 182 Waldo Avenue Belfast, Maine 04915				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER 9752	
8. PERMISSION REQUESTED FOR: (Check All That Apply)					
<input type="checkbox"/> Temporary Storage <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment					
9. AUTHORIZATION FOR PERMIT		<input checked="" type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input checked="" type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science	<input type="checkbox"/> Application or Court Order for Disinterment
<input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation					

**PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF
THE HUMAN REMAINS IDENTIFIED ABOVE**

10. SIGNATURE OF CLERK OR (see #11) →		10b. CITY OR TOWN	10c. DATE SIGNED (Mo., Day, Yr.)
11. SIGNATURE OF SUBREGISTRAR → Katherine Riposta		11b. SUBREGISTRAR OF (List Municipality appointed by): Belfast	11c. DATE SIGNED (Mo., Day, Yr.) 1/13/2015
DISPOSITION			
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	12. NAME OF CEMETERY OR VAULT		13. LOCATION (City or Town) (State)
	14. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →		15. DATE (Mo., Day, Yr.)
REMAINS WERE: <input checked="" type="checkbox"/> BURIED <input type="checkbox"/> CREMATED <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> MEDICAL USE	16. NAME OF CEMETERY, CREMATORY, MEDICAL SCHOOL, OR OTHER DESTINATION Rural Cemetery LOT 49 WEST, G.W. 6 IN SECTION 8-WEST		17. LOCATION (City or Town) (State) Southborough, Massachusetts
	18. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON →		19. DATE (Mo., Day, Yr.) 1/14/2015
<input checked="" type="checkbox"/> REMOVED FROM STATE	20. NAME OF CEMETERY, OR OTHER DESTINATION Morris Funeral Home		21. LOCATION (City or Town) (State) Southborough, Massachusetts
	22. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON →		23. DATE (Mo., Day, Yr.) 1/13/2015
DISPOSITION OF CREMAINS:	24. <input type="checkbox"/> Buried <input type="checkbox"/> To Family <input type="checkbox"/> Scattered	25. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT	
	27. NAME OF CEMETERY OR VAULT		28. LOCATION (City or Town) (State)
<input type="checkbox"/> REMAINS WERE DISINTERRED	29. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →		30. DATE (Mo., Day, Yr.)

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

State of Maine
Department of Health and Human Services
Permit for Disposition of Human Remains

Distribution of Copies: ☐ Place of Final Disposition
☐ Place of Death

☐ Place Permit Issued
☐ Issuing Clerk – Retain Until
Endorsement Received

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) Lillian (Pelland) Nolan				2. DATE OF DEATH (Mo., Day., Yr.) 1/12/2015	
3. SEX F	4. AGE 99	5. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6. PLACE OF DEATH (City or Town) (State) Lincolntonville Maine		
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Riposta Funeral Home 182 Waldo Avenue Belfast, Maine 04915				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER 9752	
8. PERMISSION REQUESTED FOR: (Check All That Apply) <input type="checkbox"/> Temporary Storage <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment					
9. AUTHORIZATION FOR PERMIT		<input checked="" type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input checked="" type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science	<input type="checkbox"/> Application or Court Order for Disinterment
<input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation					

**PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF
THE HUMAN REMAINS IDENTIFIED ABOVE**

10. SIGNATURE OF CLERK OR (see #11) →		10b. CITY OR TOWN Belfast	10c. DATE SIGNED (Mo., Day, Yr.)
11. SIGNATURE OF SUBREGISTRAR → Katherine Riposta		11b. SUBREGISTRAR OF (List Municipality appointed by): Belfast	11c. DATE SIGNED (Mo., Day, Yr.) 1/13/2015

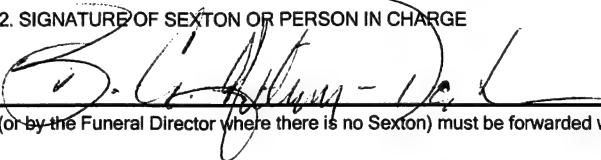
DISPOSITION


<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	12. NAME OF CEMETERY OR VAULT		13. LOCATION (City or Town) (State)	
	14. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →		15. DATE (Mo., Day, Yr.)	
REMAINS WERE: <input checked="" type="checkbox"/> BURIED <input type="checkbox"/> CREMATED <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> MEDICAL USE	16. NAME OF CEMETERY, CREMATORY, MEDICAL SCHOOL, OR OTHER DESTINATION Rural Cemetery		17. LOCATION (City or Town) (State) Southborough, Massachusetts	
	18. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON → Nancy Morris		19. DATE (Mo., Day, Yr.) Jan 13. 2015	
<input checked="" type="checkbox"/> REMOVED FROM STATE	20. NAME OF CEMETERY, OR OTHER DESTINATION Morris Funeral Home		21. LOCATION (City or Town) (State) Southborough, Massachusetts	
	22. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON →		23. DATE (Mo., Day, Yr.) 1/13/2015	
DISPOSITION OF CREMAINS: <input type="checkbox"/> REMAINS WERE DISINTERRED	24. <input type="checkbox"/> Buried <input type="checkbox"/> To Family <input type="checkbox"/> Scattered	25. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT		26. DATE (Mo., Day, Yr.)
	27. NAME OF CEMETERY OR VAULT		28. LOCATION (City or Town) (State)	
29. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →		30. DATE (Mo., Day, Yr.)		

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT			1. BURIAL PERMIT NO	
			2. CITY OR TOWN	
3. DECEDENT'S NAME (First, Middle, Last) CYNTHIA ANN O'BRIEN			4. SEX FEMALE	5. DATE OF DEATH (Month, Day, Year) OCTOBER 26, 2012
6. AGE 49 Years	7. DATE OF BIRTH (Month, Day, Year) JULY 31, 1963	8. CITY, TOWN, OR LOCATION OF DEATH EPSOM		9. COUNTY OF DEATH MERRIMACK
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other): CODE: 3				
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) CONCORD CREMATORIUM				
12. LOCATION (City/Town, State) CONCORD, NH				
13. DATE OF DISPOSITION (Refer to 19a) OCTOBER 30, 2012				
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL NEW RYE CEM				
15. LOCATION OF FINAL DISPOSITION (City/Town, State) EPSOM, NH				
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:				
16. FUNERAL DIRECTOR THOMAS E PETIT			17. N.H. LIC. NUM ONLY 060	
18. NAME AND LOCATION OF FACILITY (City/Town, State) STILL OAKS FUNERAL & MEMORIAL HOME, EPSOM, NH				
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register if app.) THOMAS PETIT		20. CITY/TOWN EPSOM		21. DATE ISSUED (Month, Day, Year) OCTOBER 30, 2012
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE				
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW				
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Burial of cremated remains		28. DATE OF DISPOSITION (Month, Day, Year) 11/24/2012		29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA 01772
30. SECTION B-West, Lot48N	31. GRAVE NO. 1A	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				


 RECEIVED
 TOWN CLERK'S OFFICE
 2012 NOV 30 A 11:41
 SOUTH BOROUGHS



State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

Paul J. Barry
Paul J. Barry,
 Town Clerk

A. (TYPE)

1. Name of Deceased	First Perry	Middle	Last O'Leary	Date of Death	Month February	Day 26,	Year 2010
2. Place of Death	City, Town or Location West Palm Beach			Name of (If neither, give street address) Hosp. or Inst. Vitas Hospice			
3. Name of Medical Certifier	Vitas Physician			Address 2201 45th Street West Palm Beach, FL 33407		Phone Number 561-863-3968	
	<input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician						
4. Name of Funeral Home/Direct Disposal Establishment	Gary Panoch Funeral Home & Cremations			Address 6140 N. Federal Highway Boca Raton, FL 33487		Fla. Lic. No./Reg. No. 040155	Phone No. (Area Code) 561-997-8580
5. Check Appropriate Box	a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application. b. <input checked="" type="checkbox"/> Vitas hospice was contacted on Feb. 26, 2010 He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that a hospice physician will complete and sign the medical certification of cause of death within 72 hours. c. <input type="checkbox"/> was contacted on He/she verified that , Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.						
6. Funeral Director/Direct Disposer	Signature <i>[Signature]</i>			F.E. No./Reg. No. F044951		Date Signed Feb. 26, 2010	

B. **BURIAL - TRANSIT PERMIT**

Permission is hereby granted to dispose of this body. Permit No. 040155-10-095

☒ A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

☐ No extension of time for filing the death certificate has been requested.

Registrar or Subregistrar Signature *Chnshe Panoch* Date Issued: 2-26-2010 Date Certificate Due: 2-12-2010

C. **AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA**

Approval Number: Date

Medical Examiner, gave authorization by telephone to Funeral Director/Direct Disposer. Date

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. **CEMETERY OR CREMATORY**

Method of Disposition: Place of Disposition Rural Cemetery Southborough, MA
 Sec. 3, Lot 11, Grv#6

☒ BURIAL ☐ STORAGE Date of Disposition March 6, 2010

☐ CREMATION ☐ OTHER (Specify)

Signature of Sexton or Person-in-Charge } *[Signature]*

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

APPLICATION FOR PERMIT

Section A.

1. **Type** name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
 - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
 - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
 - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

BURIAL-TRANSIT PERMIT

Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

CEMETERY OR CREMATORY

Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

State of Maine
Department of Health and Human Services
Permit for Disposition of Human Remains

Distribution of Copies:

☐

Place of Final Disposition

☐

Place of Death

☐

Place Permit Issued

☐

Issuing Clerk – Retain Until Endorsement Received

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) Elaine Olson				2. DATE OF DEATH (Mo., Day, Yr.) 11/24/2018	
3. SEX F	4. AGE 83	5. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6. PLACE OF DEATH (City or Town) (State) York, Maine SOUTHBOROUGH, MA		
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Lucas & Eaton Funeral Home 91 Long Sands Road York, Maine 03909				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER H010038	
8. PERMISSION REQUESTED FOR: (Check All That Apply)					
<input type="checkbox"/> Temporary Storage <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment					
9. AUTHORIZATION FOR PERMIT		<input checked="" type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input checked="" type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science	<input type="checkbox"/> Application or Court Order for Disinterment
<input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation					

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE HUMAN REMAINS IDENTIFIED ABOVE

10. SIGNATURE OF CLERK OR (see #11) →		10b. CITY OR TOWN	10c. DATE SIGNED (Mo., Day, Yr.)
11. SIGNATURE OF SUBREGISTRAR →		11b. SUBREGISTRAR OF (List Municipality appointed by): York	11c. DATE SIGNED (Mo., Day, Yr.) 11/30/18
DISPOSITION			
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	12. NAME OF CEMETERY OR VAULT		13. LOCATION (City or Town) (State)
	14. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →		15. DATE (Mo., Day, Yr.)
REMAINS WERE: <input checked="" type="checkbox"/> BURIED <input type="checkbox"/> CREMATED <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> MEDICAL USE	16. NAME OF CEMETERY, CREMATORY, MEDICAL SCHOOL, OR OTHER DESTINATION Southborough Rural Cemetery <i>11 CARPENTERS RD SOUTHBOROUGH MA</i>		17. LOCATION (City or Town) (State) Southborough, Massachusetts
	18. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON → <i>SEC. #1 #31</i>		19. DATE (Mo., Day, Yr.) 12/1/2018
<input type="checkbox"/> REMOVED FROM STATE	20. NAME OF CEMETERY, OR OTHER DESTINATION		21. LOCATION (City or Town) (State)
	22. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON →		23. DATE (Mo., Day, Yr.)
DISPOSITION OF CREMATED REMAINS:	24. <input type="checkbox"/> Buried <input type="checkbox"/> To Family <input type="checkbox"/> Scattered	25. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT	
	26. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →		27. DATE (Mo., Day, Yr.)
<input type="checkbox"/> REMAINS WERE DISINTERRED	28. NAME OF CEMETERY OR VAULT		29. LOCATION (City or Town) (State)
	30. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →		31. DATE (Mo., Day, Yr.)

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

Received

COMMONWEALTH OF VIRGINIA

DIVISION OF VITAL RECORDS

DEPARTMENT OF HEALTH

and filed in the Office of the Town Clerk Aug. 12, 2003 RICHMOND, VIRGINIA Aug. 12, 2003 3pm

OUT-OF-STATE TRANSIT PERMIT

FULL NAME
OF DECEASED

Helen May Onufrock

AGE

94

Paul J. Berry, Town Clerk

PLACE OF
DEATH

(City or County)

Albemarle

VIRGINIA

DATE OF
DEATH

(Month Day Year)

November 1, 2002

SEX

Female

RACE OR
COLOR

Caucasian

DESTINATION TO WHICH
REMAINS TO BE SENT

(City or County)

(State)

Rural Cemetery South Borough, Mass.

A Certificate of Death having been filed as required by the laws of this State, or conditions outlined in regulations having been complied with, permission is hereby given to:

Funeral
Director

Hill & Wood

Address

To transport said deceased as stated above.

DATE
ISSUED

7-7-03

REGISTRATION
DISTRICT NO.

101

SIGNATURE OF
REGISTRAR


(SEE OTHER SIDE)

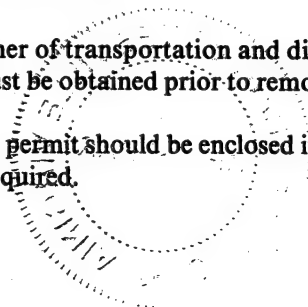
This permit must accompany remains to destination.

READ CAREFULLY

REGISTRAR: This Out-of-State Transit Permit is to be issued only upon receipt of a completed Certificate of Death, or under other conditions outlined in regulations. In special emergencies, you may telephone the State Registrar of Vital Records at the expense of the applicant, for instructions.

FUNERAL DIRECTORS: This permit is required for any manner of transportation and disposition of a dead body which is to be transported out of the State of Virginia. It must be obtained prior to removal from the State.

When used as a permit for transportation by common carrier, this permit should be enclosed in a strong envelope and attached to the shipping case. No separate transit permit is required.





State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

RECEIVED
TOWN CLERK'S OFFICE

2010 DEC 20 A 10:31

A. (TYPE)

1. Name of Deceased	First	Middle	Last	Date of Death	Month	Day	Year
	Sarah	Manning	O'Regan		December	10	2010
2. Place of Death	City, Town or Location	Name of Hosp. or Inst.	(If neither, give street address)				
	Sarasota	Venice	6270 Daffodil Road				
3. Name of Medical Certifier	Address		Phone Number				
	Sarasota County Medical Examiner		1762 Hawthorne St., Ste 5				
	[] Medical Examiner [X] Physician		Sarasota FL 34239		941-361-6909		
4. Name of Funeral Home/Direct Disposal Establishment	Address		Fla. Lic. No./Reg. No.	Phone No. (Area Code)			
	Farley Funeral Home, Inc.		265 South Nokomis Avenue	941-488-2291			
			Venice FL 34285	F040368			
5. Check Appropriate Box							
a. []	The medical certification has been completed and signed. A completed certificate of death accompanies this application.						
b. []	Sarasota County Medical Examiner was contacted on 12/13/10						
	He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that SRD M.E. will complete and sign the medical certification of cause of death within 72 hours.						
c. []	_____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.						
6. Funeral Director/Direct Disposer	Signature		F.E. No./Reg. No.	Date Signed			
	[Signature]		F022594	12/13/10			

B. BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body. Permit No. 2311-425

☒ A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

☐ No extension of time for filing the death certificate has been requested.

Registrar or Subregistrars Signature [Signature] Date Issued: 12/13/10 Date Certificate Due: 12/22/10

C. AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: _____ Date: _____

Medical Examiner, _____, gave authorization by telephone to _____ Funeral Director/Direct Disposer. Date: _____

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. CEMETERY OR CREMATORY

Method of Disposition: [X] BURIAL [] STORAGE [] CREMATION [] OTHER (Specify) _____

Place of Disposition: Southborough Rural Cemetery, Southborough, MA

Date of Disposition: December 18, 2010

Signature of Sexton or Person-in-Charge: [Signature]

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

Distribution: White: Cemetery or Crematory
Yellow: Funeral Director or Direct Disposer
Pink: Local Registrar

INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

APPLICATION FOR PERMIT

Section A.

1. Type name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
 - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
 - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
 - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed

BURIAL-TRANSIT PERMIT

Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

CEMETERY OR CREMATORY

Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided.

NO. 1301579 DATE 1/26/13
REMAINS OF Arlene E. O'Reilly
ADDRESS Bedford, N.H.
AGE 81 DATE OF DEATH 1/24/13

Concord Crematorium

8 Broken Bridge Road
Concord, New Hampshire 03301

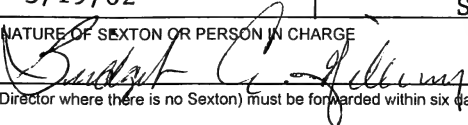
BURIAL CERTIFICATE

The undersigned being on this date the person having charge of the Concord Crematorium, hereby certifies that the burial permit prerequisite to the cremation of this body has been duly presented.

Chit Ludo

I hereby certify that he cremated remains of Arlene E. O'Reilly
accompanying this certificate was disposed of in accordance with it's terms
At Rural Cemetery Town Southborough, MA
on April 5, 2013 Final Disposition Sec.A, Lot 6, Grv#3A
Certified by *[Signature]*
Cemetery Supervisor, Town of Southborough

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

<h1 style="margin: 0;">STATE OF NEW HAMPSHIRE</h1> <h2 style="margin: 0;">BURIAL TRANSIT PERMIT</h2>			1. BURIAL PERMIT NO. <hr/> 2. CITY OR TOWN	
3. DECEDENT'S NAME (First, Middle, Last) FRANCES R O'REILLY			4. SEX FEMALE	
5. DATE OF DEATH (Month, Day, Year) MARCH 14, 2002				
6. AGE 73 YEARS	7. DATE of BIRTH (Month, Day, Year) FEBRUARY 27, 1929	8. CITY, TOWN, OR LOCATION OF DEATH CONCORD		9. COUNTY OF DEATH MERRIMACK
10. METHOD OF DISPOSITION: 1. Burial 2. Temp. Entombment 3. Cremation 4. Donation 5. Mausoleum 6. Other CODE: <u>1</u>		11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) RURAL CEMETERY		12. LOCATION (City/Town, State) SOUTHBOROUGH, MA
		13. DATE OF DISPOSITION (Refer to 20a.) MAR 19, 2002		
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL		15. LOCATION (City/Town, State)		
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:				
16. FUNERAL DIRECTOR ERIC M DANIELS		17. N.H. LIC. NO. ONLY 873		18. NAME AND LOCATION OF FACILITY (City/Town, State) MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS
19. COUNTERSIGNED AGENT (CITY BOARD OF HEALTH/SUB-REGISTRAR if app.) DOMINICK F SUSI II		20. CITY/TOWN CONCORD		21. DATE ISSUED (Month, Day, Year) MARCH 18, 2002
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE				
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT				26. DATE ISSUED (Month, Day, Year)
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW				
27. TYPE OF DISPOSITION (Cremated, buried, etc.) BURIAL		28. DATE OF DISPOSITION (Month, Day, Year) 3/19/02		29. NAME AND LOCATION OF CEMETERY, CREMATORY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA
30. SECTION 6	31. GRAVE NO. Lot 37C, Grv#1	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				

READ CAREFULLY

OFFICIALS: This burial-transit permit shall be issued only upon RECEIPT of a completed (SIGNED) death certificate - **Not Before**. In special emergencies telephone the Bureau of Vital Records (1-800-852-3345, extension 4655) for instructions.

FUNERAL DIRECTORS: The burial-transit permit is required for any manner of disposition of a dead body including interment, storage, cremation and transportation. A permit is required whenever a funeral director is to dispose of the fetus when a fetal death has occurred. When the fetal death has taken place in a hospital the funeral director will obtain the burial permit from the director of medical records at the hospital. The burial permit is attached to the hospital's fetal death report as a removable stub to be used as needed.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof shall be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Embalming of the body of a deceased person is only required by law if the body is to be **exposed** to the public for more than twenty-four hours. (RSA 325:40-a) Embalming for shipping purposes prior to cremation is common practice but not required by state law.

CREMATION: When the body is to be cremated, 48 hours must elapse before cremation can take place and a separate cremation permit (VS MR) must be obtained from the medical examiner and submitted to the crematory with the burial permit (RSA 325-A-3). This does **not** mean that all bodies must be embalmed in order to be cremated. This permit does **not** need to follow **cremains** to their final disposition.

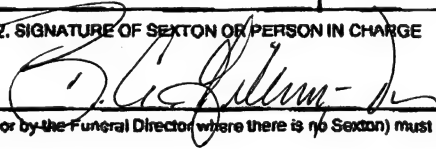
SEXTON: It is unlawful for any sexton, or any other person having charge of a burial place to permit burial or other disposition of a dead body before a burial permit is deposited with him (RSA 290:5). All permits must be preserved and forwarded within six days to the clerk of the town/city of burial (RSA 290:6).

DISINTERMENT: This burial-transit permit is **not** to be used as a permit for disinterment. A separate permit is needed for this purpose (VS DT-1) which is obtained from and processed through the Bureau of Vital Records and Health Statistics.

STORAGE: When a body is to be stored this permit will be completed by the sexton where the body is entombed and forward by such person to the local Town/City clerk where storage vault is located. When the body is to be moved from entombment for final disposal, the funeral director shall obtain this **same** permit from the Town/City clerk and use it as the permit for permanent disposal.

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM B7-1, 12/2010

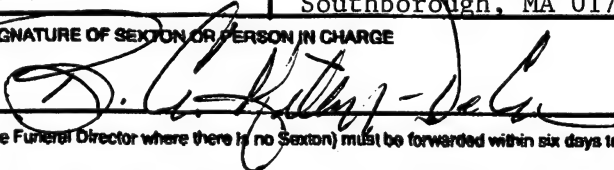
STATE OF NEW HAMPSHIRE			1. BURIAL PERMIT NO.	
BURIAL TRANSIT PERMIT			2. CITY OR TOWN	
3. DECEDENT'S NAME (First, Middle, Last) JOHN J O'REILLY JR			4. SEX MALE	5. DATE OF DEATH (Month, Day, Year) FEBRUARY 25, 2015
6. AGE 84 Years	7. DATE OF BIRTH (Month, Day, Year) JANUARY 10, 1931	8. CITY, TOWN, OR LOCATION OF DEATH MANCHESTER	9. COUNTY OF DEATH HILLSBOROUGH	
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other):				CODE: 3
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) CONCORD CREMATORIUM				
12. LOCATION (City/Town, State) CONCORD, NH				
13. DATE OF DISPOSITION (Refer to 19a) FEBRUARY 27, 2015				
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL RURAL CEMETERY				
15. LOCATION OF FINAL DISPOSITION (City/Town, State) SOUTHBOROUGH, MA				
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:				
16. FUNERAL DIRECTOR EDMOND B BAKER			17. N.H. LIC. NUM ONLY 848	
18. NAME AND LOCATION OF FACILITY (City/Town, State) J N BOUFFORD & SONS FUNERAL HOMES, MANCHESTER, NH				
19. COUNTER SIGNED AGENT (City Board of Health/Sub-Register if app.) EDMOND B BAKER		20. CITY/TOWN MANCHESTER	21. DATE ISSUED (Month, Day, Year) FEBRUARY 27, 2015	
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE				
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE	
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW				
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Burial of cremated remains		28. DATE OF DISPOSITION (Month, Day, Year) June 25, 2015	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA	
30. SECTION A	31. GRAVE NO. Grv#3B (Lot 6)	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				

RECEIVED
CLERK OF TOWN OFFICE
2015 JUL -7 A 0:25
SOUTHBOROUGH, MA

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

RECEIVED
TOWN CLERK'S OFFICE

FORM BT-1, 1/86

STATE OF NEW HAMPSHIRE			1. BURIAL PERMIT NO		2010 OCT -6 A 10:53
BURIAL TRANSIT PERMIT			2. CITY OR TOWN		SOUTHBOROUGH, MA
3. DECEDENT'S NAME (First, Middle, Last) MYLES W O'REILLY			4. SEX MALE	5. DATE OF DEATH (Month, Day, Year) SEPTEMBER 02, 2010	
6. AGE 78 Years	7. DATE OF BIRTH (Month, Day, Year) JUNE 22, 1932	8. CITY, TOWN, OR LOCATION OF DEATH CONCORD		9. COUNTY OF DEATH MERRIMACK	
10. METHOD OF DISPOSITION: 1. Burial 2. Temp. Entombment 3. Cremation 4. Donation 5. Mausoleum 6. Other		11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) RURAL CEMETERY		12. LOCATION (City/Town, State) SOUTHBOROUGH, MA	13. DATE OF DISPOSITION (Refer to 18a) SEPTEMBER 09, 2010
CODE: 1		14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL		15. LOCATION (City/Town, State)	
16. FUNERAL DIRECTOR SHAUN P CLOUGHERTY		17. N.H. LIC. NO ONLY 836	18. NAME AND LOCATION OF FACILITY (City/Town, State) WATERS FUNERAL HOME, CONCORD, NH		
19. COUNTERSIGNED AGENT (CITY BOARD OF HEALTH/SUB-REGISTER if app.) SHAUN P CLOUGHERTY		20. CITY/TOWN CONCORD	21. DATE ISSUED (Month, Day, Year) SEPTEMBER 08, 2010		
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE	
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)		
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Buried		28. DATE OF DISPOSITION (Month, Day, Year) 9/9/2010	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA 01772		
30. SECTION 6	31. GRAVE NO. Lot 312, Grv #2	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 			

This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.

2021 OCT 4 P 3 12



State of Florida, Department of Health, Bureau of Vital Statistics
BURIAL TRANSIT PERMIT

DATE PRINTED: July 20, 2020

TRACKING NUMBER: 2020126342

1. DECEDENT INFORMATION

Name of Deceased
LEWIS L OGILVIE

Date of Death
July 15, 2020

Place of Death - County
BROWARD

City, Town or Location
HOLLYWOOD

Name of facility, or street address if not a facility
2410 EMERSON CIRCLE

Name and Address of Funeral Home/Direct Disposal Establishment
LANDMARK FUNERAL HOME INC F071616
4200 HOLLYWOOD BLVD
HOLLYWOOD, FLORIDA, 33021

Fla. Lic. No./Reg. No. Phone Number
F071616 (954) 989-8220

Funeral Director/Direct Disposer
KEVIN S RIETH

Fla. Lic. No./Reg. No.
F028016

Medical Verification Statement

MARIA at the certifying physician's office, was contacted on 07/15/2020 by the funeral director listed above; he/she indicated that LUIS EMILIO VICIOSO PERALTA, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.

2. BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2020-F071616-5147

Date Issued: July 15, 2020

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 17

Approval Number: CRE2020-04631

4. CEMETERY OR CREMATORY

Place of Disposition: EVERGLADES CREMATORIUM

Method of Disposition: CREMATION

Date of Disposition: _____

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

I HEREBY CERTIFY THAT THE REMAINS WERE DISPOSED OF IN ACCORDANCE WITH ITS TERMS AT THE PLACE AND DATE BELOW:

ROCK CEMETERY
11 CINDAVILLE RD, SEABOARD, MA 01912
SEC. M, GRV 265A (CREMATED REMAINS)
ON: Sept. 25, 2021

STATE OF SOUTH DAKOTA
DEPARTMENT OF HEALTH

PERMIT NO. 11453

PERMIT FOR DISPOSITION OF DEAD HUMAN BODY

DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	Constance	M.	Pangburn	female	July 4, 1992
AGE (YRS)	PLACE OF DEATH	COUNTY	CITY, TOWN OR TWP.	U.S. WAR VETERAN (YES/NO)	
60	R.C. Regional Hosp.	Pennington	Rapid City, South Dakota	No	
DISPOSITION AUTHORIZED:					
<input checked="" type="checkbox"/> INTERMENT <input checked="" type="checkbox"/> TRANSIT <input type="checkbox"/> DISINTERMENT AND REINTERMENT					
<input type="checkbox"/> CREMATION <input type="checkbox"/> SCIENTIFIC STUDY					
PLACE OF DISPOSITION (NAME AND LOCATION OF CEMETERY, CREMATORY OR LABORATORY)					
Southbro Rural Cemetery, Southbro, Massachusetts					
PLACE OF DISINTERMENT (NAME AND LOCATION)					

THIS PERMIT IS ISSUED TO:

Jon Behrens

FUNERAL DIRECTOR

S.D. LICENSE NO. 1257

ADDRESS: Behrens Mortuary, Box 1055, Rapid City, South Dakota 57709

DATE: July 6, 1992 (SIGNED) Marlys Faber by *Nadine Nash* Deputy REGISTRAR

REGISTRATION DISTRICT Pennington County ADDRESS 315 St Joseph, Rapid City, South Dakota 57701

SEXTON'S ENDORSEMENT: THE BODY ACCOMPANYING THIS PERMIT WAS RECEIVED AND WAS

INTERRED/CREMATED ON July 8, 19 92, IN Rural Cemetery CEMETERY

OR CREMATORY LOCATED AT Southborough, MA (SIGNED) *Budget C. Hilborn* SEXTON

GRAVE OR VAULT: BLOCK B-West LOT 55 GRAVE 4

RECORDED
TOWN OF SOUTHBOROUGH

INSTRUCTIONS

JUL 1 0 1992 @ 2:45 PM

TOWN CLERKS OFFICE

The funeral director or person acting as such shall within ten days after final disposition, transmit the original permit to the local registrar of the district in which final disposition is made.

When the body is the subject of scientific study, the official receiving the body shall execute the sexton's endorsement.

When used as authority for transportation by common carrier, this permit should be enclosed in a strong envelope and attached to the shipping case.

Authorizations for disinterment and reinterment are issued by the State Department of Health and only upon proper application for disinterment and reinterment.

STATE OF SOUTH DAKOTA
DEPARTMENT OF HEALTH

PERMIT NO. 11453

1992 AUG 25 PM 2:06

PERMIT FOR DISPOSITION OF DEAD HUMAN BODY

DECEASED NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	Constance	M.	Pangburn	female	July 4, 1992
AGE (YRS)	PLACE OF DEATH		COUNTY	CITY, TOWN OR TWP.	U.S. WAR VETERAN (YES/NO)
60	R.C. Regional Hosp.		Pennington	Rapid City, South Dakota	No

DISPOSITION AUTHORIZED:

☒ INTERMENT
☐ CREMATION

☒ TRANSIT
☐ SCIENTIFIC STUDY

☐ DISINTERMENT AND REINTERMENT

PLACE OF DISPOSITION (NAME AND LOCATION OF CEMETERY, CREMATORY OR LABORATORY)

Southbro Rural Cemetery, Southbro, Massachusetts

PLACE OF DISINTERMENT (NAME AND LOCATION)

THIS PERMIT IS ISSUED TO:

~~Jon Behrens~~ Jon Behrens

FUNERAL DIRECTOR

S.D. LICENSE NO. 1257

ADDRESS: Behrens Mortuary, Box 1055, Rapid City, South Dakota 57709

DATE: July 6, 1992

(SIGNED)

Marlys Faber by

Deputy

REGISTRAR

REGISTRATION DISTRICT

Pennington County

ADDRESS

315 St Joseph, Rapid City, South Dakota 57701

SEXTON'S ENDORSEMENT: THE BODY ACCOMPANYING THIS PERMIT WAS RECEIVED AND WAS

INTERRED/CREMATED ON July 8, 19 92 IN

Rural Cemetery

CEMETERY

OR CREMATORY LOCATED AT Southborough, MA

(SIGNED)

Budger C. Filburn

SEXTON

GRAVE OR VAULT:

BLOCK

E-West

LOT

55

GRAVE

4

HAS-0267 REV. 8/74

CEMETERY RECORD

THIS PERMIT MUST ACCOMPANY BODY TO DESTINATION

Rec'd 8-25-92

STATE OF SOUTH DAKOTA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

140 STATE FILE NUMBER

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

LOCAL FILE NUMBER

0276
UN. 1989

IDENT

ENTS

MANIT

SITION

USE OF
EATH

IFIER

0276
UN. 1989

TRAR

1. DECEDENT'S NAME (First, Middle, Last) Constance M. Pangburn				2. SEX Female	3. DATE OF DEATH (Month, Day, Year) July 4, 1992
4. SOCIAL SECURITY NUMBER 017-24-4720	5a. AGE-Last Birthday (Years) 60	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month, Day, Year) Oct. 25, 1931	7. BIRTHPLACE (City and State or Foreign Country) Boston, Mass.
8. PLACE OF DEATH (Check only one) 8a. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) Rapid City Regional Hospital			9c. CITY, TOWN, OR LOCATION OF DEATH Rapid City		9d. COUNTY OF DEATH Pennington
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced, Specify Married		11. SURVIVING SPOUSE (If wife, give maiden name) Leon E. Pangburn		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Home Maker	
				12b. KIND OF BUSINESS/INDUSTRY Own Home	
13a. RESIDENCE-STATE Massachusetts		13b. COUNTY Middlesex		13c. CITY, TOWN, OR LOCATION Natick	
13d. STREET AND NUMBER 30 Birch Road					
13e. INSIDE CITY LIMITS? (Yes or No) No	13f. ZIP CODE 01760	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes-If yes specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE-American Indian, Black, White, etc. (Specify) White	
16. FATHER'S NAME (First, Middle, Last) George E. Lancotot			17. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Brusie		
18a. INFORMANT'S NAME (Type/Print) Joyce Funeral Home			18b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 245 Main St. Waltham, Massachusetts, 02154		
19a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			19b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Southboro Rural Cemetery		19d. EMBALMED? (Specify) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			19c. LOCATION (City, State) Southboro, Massachusetts		
20a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		20b. LICENSE NUMBER (of establishment) #2		21. NAME AND ADDRESS OF FACILITY Behrens Mortuary Box 1055 632 St. Francis, Rapid City, SD 57709	
22. Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Pulmonary embolism</u> DUE TO (OR AS A CONSEQUENCE OF): b. <u>note which result = comp</u> DUE TO (OR AS A CONSEQUENCE OF): c. <u>F.S. LIO & TH and cardiac arrest</u> DUE TO (OR AS A CONSEQUENCE OF): d.					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I			23. WAS CASE REFERRED TO CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		26a. DATE OF INJURY (Month, Day, Year) 6/16/92	26b. TIME OF INJURY	26c. INJURY AT WORK? (Yes or no) No	26d. DESCRIBE HOW INJURY OCCURRED MVA.
26e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)			26f. LOCATION (Street Add/Rural Route/County, City, State)		
27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated					
27b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>					
27c. LICENSE NUMBER 869 SD		27d. DATE SIGNED (Month, Day, Year) 7/6/92		27e. TIME OF DEATH 11:18 p.m.	
28. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 22) (Type/Print) 2925 5th St, Suite 150, Rapid City, SD 57701					
29. REGISTRAR'S SIGNATURE					
30. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year)					

BURIAL-TRANSIT PERMIT RHODE ISLAND DEPARTMENT OF HEALTH

PERMIT NUMBER

PERMIT
MUST
Accompany
Remains
to
DESTINATION

SEXTON
must
return
permit
to City
or Town
Clerk at
Place of
Disposal
on Fifth
of Next
Month

DECEASED — Name		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Month, day, year)
Louise			Helena	PARKER	Female	9-23-92
RACE	AGE	PLACE OF DEATH (City or town, state)				
White	68	Providence, R.I.				
BURIAL, CREMATION, DONATION, OTHER (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory or other place)			CITY OR TOWN	STATE
Burial		Rural Cemetery			Southboro,	MA.
FUNERAL HOME — LICENSEE		FUNERAL HOME — Name and Address (Street or R.F.D. Number, City or Town, State, Zip Code)				
(Signature) <i>Robert A. Iannotti</i>		Iannotti F.H., Inc. 415 Washington St. Coventry, R.I. 02816				
CERTIFICATION: I certify that death occurred from Natural causes (see over), that referral to the Medical Examiner is not required, and that permission is hereby granted to dispose of this body.						
Signature of certifying Physician		Degree or title		Date signed		
<i>Frank S. Hill</i>				9/23/92		
Authorized disposition as stated above occurred on (Date)				Tomb	Lot	Signature of Sexton or Person in Charge of Place of Disposition
September 26, 1992					19	<i>Budget L. Hill</i>
				Sec.	15	

"FUNERAL HOME LICENSEE": The burial-transit permit is required for any manner of disposition of a dead body, including interment, storage, cremation, and transportation. A certificate of cremation must also be obtained from the medical examiner for any body which is to be cremated.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Before shipment by train or express, the body must be embalmed; or if this is not practicable, must be enclosed in a tightly sealed outer case.

SEXTON: It is unlawful for any sexton, or other person in charge of a burial place, to permit burial or other disposition of a dead body before a burial-transit permit is deposited with him.

In Rhode Island, all permits must be preserved and forwarded to the City or Town Clerk where the burial takes place on the fifth day of the month next succeeding.

RECORDED
TOWN OF SOUTHBOROUGH

SEP 29 1992

TOWN CLERKS OFFICE

Burial - Transit Permit

DECEDENT	Name First	Susan		Middle		Last	Penfield	Sex	Female
	Date of Death	06/21/93		Age	38	If Veteran of U.S. Armed Forces, War or Dates			
	Place of Death City, Town or Village	of Newburgh		Hospital, Institution or Street Address		ST. Lukes Hosp.			
	Manner of Death	<input type="checkbox"/> Natural Cause		<input type="checkbox"/> Accident	<input type="checkbox"/> Homicide	<input type="checkbox"/> Suicide	<input type="checkbox"/> Undetermined Circumstances	<input checked="" type="checkbox"/> Pending Investigation	
DISPOSITION	Medical Certifier Name	James Fanning		Title		Coroner			
		Address 175 Willow Ave Cornwall, NY 12518							
	Death Certificate Filed City, Town or Village	of Newburgh		District Number		3502			
	<input checked="" type="checkbox"/> Burial	Date	June 24, 1993		Cemetery or Crematory		Rural Cemetery		
	<input type="checkbox"/> Cremation	Address Cordaville Road Southboro, MA							
	<input type="checkbox"/> Removal and/or Hold	Date			Place Removed and/or Held				
	<input type="checkbox"/> Transportation by Common Carrier	Date			Point of Shipment				
		Destination							
	<input type="checkbox"/> Disinterment	Date			Cemetery Address				
	<input type="checkbox"/> Reinterment	Date			Cemetery Address				
PERMIT	Permit Issued to	Name of Funeral Firm Keyser F.S.						Registration Number 01067	
		Address 326 Albany Ave Kingston NY 12401							
	Name of Funeral Firm Making Disposition or to Whom Remains are Shipped, If Other than Above	DONALD C. MORRIS F.H.							
		Address 40 MAIN ST. Southboro, MA 01772							
ENDORSEMENT	Permission is hereby granted to dispose of the human remains described above as indicated.								
	Date Issued			Registrar of Vital Statistics		Nancy D'Addio, Rep.			
				(signature)					
	District Number	3502		Place					

I certify that the remains of the decedent identified above were disposed of in accordance with this permit on:

Date of Disposition 6-24-93 Place of Disposition Rural Cemetery, Cordaville Rd., Southborough, MA
(address)

<u>F</u>	<u>N/A</u>	<u>120</u>
(section)	(lot number)	(grave number)

Name of Sexton or Person in Charge of Premises Bridget A. Gilleney
(please print)

Signature Bridget A. Gilleney Title Supervisor Cemetery Div. D.P.W.

PUBLIC HEALTH LAW

§ 4145. Deaths; burial and removal permits; disposition of remains.

1. No person in charge of any premises on which interments, cremations and other disposition of the body of a deceased person are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, cremation or transit permit, as provided in this article.

2. The funeral director or undertaker shall deliver the burial permit to the person in charge of the place of burial or other disposition, before interring or otherwise disposing of the body; or shall attach the removal or transit permit to the box containing the body, when shipped by any transportation company, which permit shall accompany the remains to its destination, where if within this state, it shall be delivered to the person in charge of the place of burial or other disposition.

3. The person in charge of the place of burial or other disposition shall endorse upon the permit, the date of interment, or cremation or other disposition over his signature, and shall return all permits so endorsed to the registrar of his district within seven days after the date of interment, cremation or other disposition.

4. When burying or otherwise disposing of the body of a deceased person in a cemetery or burial place having no person in charge, the funeral director or undertaker shall (a) sign the burial or removal permit, giving the date of burial; (b) write across the face of the permit the words "No person in charge;" and (c) file the burial or removal permit within three days with the registrar of the district in which the cemetery is located.

5. The person in charge of the place of burial, cremation, or other disposition shall keep a record of all bodies interred or otherwise disposed of on the premises under his charge, in each case stating the name of each deceased person, place of death, date of burial or disposal, and name and address of the funeral director or undertaker, which record shall at all times be open to official inspection.



BURIAL TRANSIT PERMIT PAUL J. BERRY, TOWN CLERK

Paul J. Berry

WARNING
This is a government document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.

Name of Deceased - First OWEN		Middle WINSLOW	Last PENDLETON	
Age 91 Yrs	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date Of Death 02/15/2010	Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)	
Place of Death OAK CREEK NURSING AND REHABILITATION CENTER		City - County LULING - CALDWELL State TEXAS		
Name of Cemetery or Crematorium FUNERALCARING USA CREMATORY		City SAN ANTONIO State TEXAS		
Print-Name of Funeral Director or Person Acting as Such MARK DANIEL GARZA		Address 6902 NE LOOP 410	City SAN ANTONIO	State TX Zip Code 78219-

Local Registrar REGISTRAR - CALDWELL COUNTY - PREC 2	County CALDWELL	City/Precinct LULING	File Number EDR: 000000713441
<p>A certificate of death having been registered or completed in so far as possible; permission is hereby given for final disposition, transport, or removal of the body from the state of Texas.</p>			
<p>Geraldine R. Harris, State Registrar, TER-Electronic Validation</p> <p>Signature of Registrar or Electronic Validation</p>			<p>2/20/2010</p> <p>Date</p>

Received by: _____	Date: _____
--------------------	-------------

Vital Statistics 25 Texas Administrative Code Sec. 181.2(b), "if a dead body or fetus is to be removed from this state, transported by common carrier within this state, or cremated, the funeral director, or person acting as such, shall obtain a burial-transit permit from the local registrar where the death certificate is or will be filed or from the state registrar electronically through a Bureau of Vital Statistics electronic death registration system. The registrar shall not issue a burial-transit permit until a certificate of death, completed in so far as possible, has been presented (See §181.6 of this title (relating to Disinterment))."

A file number may be assigned by the registrar as needed. A copy of this permit is to accompany the body in transit. There is no fee authorized for the issuance of a Burial-Transit Permit.

If an incomplete death certificate is used to obtain the Burial Transit Permit, the registrar will validate that the body is no longer needed by the certifier of cause of death before issuing the permit, to ensure that a completed death certificate will be received. "Completed in so far as possible" means the information relating to the deceased, including the name, date of death, place of death and funeral director's information is completed. In a few instances, the cause of death may not be completed. It is the responsibility of the person presenting the the Certificate of Death, and obtaining the Burial Transit Permit, to assure that the fully completed Certificate of Death is filed as soon as possible.

In accordance with state statute, before a dead body can be cremated, a Cremation Authorization must be signed and issued by the medical examiner or justice of the peace of the county in which the death occurred showing that an autopsy was performed or that no autopsy was necessary. If an inquest is being conducted by the medical examiner or justice of the peace, authorization for cremation from the medical examiner or justice of the peace is required.

[HSC §193.008, 25 TAC §181.2, §181.3]

VS-116T Revised 9/2004

The cremated remains of Owen W. Pendleton were buried on April 24, 2010 in grv#4A of Lot 19-D in Section 6 of Rural Cemetery in Southborough, MA.

[Signature]
Person in charge of disposition

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



STATE OF NEW HAMPSHIRE
BURIAL—TRANSIT PERMIT

Burial Permit No

City or Town of Laconia

Full name of deceased Reginald C. Perham

Place of death Laconia Belknap N.H.
(Town or City) (County) (State)

Date of death October 28 87 19 Color White Sex Male Age 92

Cause of death Thrombosis, cerebro-vascular-recurrent

Method of disposal Burial Rural Cemetery

(Whether burial, cremation, transportation, storage, etc. - If storage see over) (Cemetery, Crematory, or Vault)

Town or City Southboro State MA

A certificate of death having been filed as required by the laws of this State, permission is hereby given to
Wilkinson-Beane Town or City Laconia, N.H.
(Funeral Home)

to dispose of body of said deceased as above stated. Date Issued Oct. 28, 1987

Signature [Signature] City or Town of Laconia, N.H.

(Town Clerk, Sub-Registrar, Agency City Board of Health)

CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE

If stored, body was placed in on 19

(Name of storage vault)

Town or City State

Signature
(Sexton or person in charge of storage vault)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on November 7 19 87 in Southboro, Rural Cemetery

(State whether cremated, buried, etc.) (Cemetery, Crematory, or Vault)

Town or City: Southboro State Massachusetts Section S-East

Lot No. 30 Grave No. 8 Signature [Signature]

(Sexton or person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.

FORM BT-1, 8/85

IMPORTANT! SEE OTHER SIDE

READ CAREFULLY

OFFICIALS: This burial - transit permit may be issued only upon RECEIPT of a completed (SIGNED) death certificate - Not Before, - or in exchange for a burial permit issued at some other place. In special emergencies, telephone the Bureau of Vital Records (1-800-852-3345, extension 4655) for instructions.

FUNERAL DIRECTORS: The burial - transit permit is required for any manner of disposition of a dead body including interment, storage, cremation and transportation. A permit is required whenever a funeral director is to dispose of the fetus when a fetal death has occurred. When the fetal death has taken place in a hospital the funeral director will obtain a burial permit from the director of medical records at the hospital. The burial permit is attached to the hospital's fetal death report as a removable stub to be used as needed.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Enbalming of the body of a deceased person is only required by law if the body is to be exposed to the public for more than twenty-four hours. (RSA:325 40-a) Embalming for shipping purposes or prior to cremation is common practice but not required by state law.

CREMATION: When the body is to be cremated, 48 hours must elapse before cremation can take place and a separate cremation permit (VS MR) must be obtained from the medical examiner and submitted to the crematory with the burial permit. (RSA 325-A-3)

SEXTON: It is unlawful for any sexton, or any other person having charge of a burial place, to permit burial or other disposition of a dead body before a burial permit is deposited with him. (RSA 290:5) All permits must be preserved and forwarded within six days to the clerk of the town/city of burial. (RSA 290:6)

DISINTERMENT: This burial - transit permit is not to be used as a permit for disinterment. A separate permit is needed for this purpose (VS DT-1) which is obtained from and processed through the Bureau of Vital Records and Health Statistics.

STORAGE: When a body is to be stored, this permit will be completed by the sexton where the body is entombed and forwarded by such person to the local Town/City clerk where storage vault is located. When body is to be moved from entombment for final disposal, the funeral director shall obtain this same permit from the Town/City clerk and use it as the permit for permanent disposal.



Received and filed in the Office of the Town Clerk Apr. 6, 2009 1:00pm

State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT*Paul J. Berry*
Paul J. Berry, Town Clerk

A. (TYPE)

1. Name of Deceased	First Loren	Middle Daniel	Last Pettibone	Date of Death	Month 02	Day 28	Year 09
2. Place of Death	City, Town or Location County Marion Ocala			Name of (If neither, give street address) Hosp. or Inst. The Legacy House Hospice			
3. Name of Medical Certifier	Mery Josefina Lossada, MD <input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician			Address 9505 SW 110th Street Ocala, Florida 34481		Phone Number 352-291-5100	
4. Name of Funeral Home/Direct Disposal Establishment	Roberts Funeral Homes			Address 6241 SW State Road 200 Ocala, Florida 34476		Fla. Lic. No./Reg. No. F041248	
				Phone No. (Area Code)		352-854-2266	
5. Check Appropriate Box	a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.						
	b. <input checked="" type="checkbox"/> <u>Dr. Lossada's Office</u> was contacted on <u>03/02/09</u> He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that <u>she</u> will complete and sign the medical certification of cause of death within 72 hours.						
	c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.						
6. Funeral Director/Direct Disposer	Signature <i>Robert Sloan</i>			F.E. No./Reg. No. F046555		Date Signed 03/02/09	

B. **BURIAL - TRANSIT PERMIT**

Permission is hereby granted to dispose of this body. Permit No. 2009-F041248-046

☒ A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

☐ No extension of time for filing the death certificate has been requested.

Registrar or Subregistrar Signature *Darius Jackson* Date Issued: 02/28/09 Date Certificate Due: 03/10/09

C. **AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA**

Approval Number: _____ Date: _____

Medical Examiner, _____, gave authorization by telephone to _____ Funeral Director/Direct Disposer. Date: _____

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. **CEMETERY OR CREMATORY**

Method of Disposition: ☒ BURIAL ☐ STORAGE ☐ CREMATION ☐ OTHER (Specify) _____

Place of Disposition: Rural Cemetery Southborough, MA 01772

Date of Disposition: March 6, 2009

Sec. Bk4, Lot 50B, Grv#1

Signature of Sexton or Person-in-Charge: *Christie Hallen - de Cap*

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

APPLICATION FOR PERMIT

Section A.

1. **Type** name of deceased and date of death.
2. Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).
3. Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.
4. Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.
5.
 - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
 - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
 - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.

BURIAL-TRANSIT PERMIT

Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

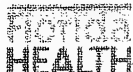
CEMETERY OR CREMATORY

Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

RECEIVED
TOWN OF SOUTHBOROUGH
2015 JUN 17 P 3:25
SOUTHBOROUGH, MA 019
1/4

State of Florida, Department of Health, Bureau of Vital Statistics
BURIAL TRANSIT PERMIT



DATE PRINTED: June 11, 2015

TRACKING NUMBER: 2015091009

1. DECEDENT INFORMATION

Name of Deceased		Date of Death
RITA M PETTIBONE		June 10, 2015
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
MARION	OCALA	BRENTWOOD AT FORE RANCH
Name and Address of Funeral Home/Direct Disposal Establishment		Fla. Lic. No./Reg. No. Phone Number
ROBERTS FUNERAL HOME - BRUCE CHAPEL WEST F079852 6241 SW STATE RD 200 OCALA, FLORIDA, 34476		F079852 (352) 622-4141
Funeral Director/Direct Disposer		Fla. Lic. No./Reg. No.
MICHAEL J. VASSALLO		F074554

2. BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Ken Jones
State Registrar

Permit Number: 2015-F079852-5142
Date Issued: June 11, 2015

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District

Approval Number:

4. CEMETERY OR CREMATORY

Place of Disposition: SOUTHBOROUGH RURAL CEMETERY Full Earth Burial Sec.Bk.4,Lot50B,Grv#2
Method of Disposition: REMOVAL FROM STATE Date of Disposition: June 17, 2015

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

64V-1.011, Florida Administrative Code

[Signature]

REMOVAL, TRANSIT, AND BURIAL PERMIT

VS-9 REV. 2/84

STATE OF CONNECTICUT, DEPARTMENT OF HEALTH SERVICES

HARTFORD, CONNECTICUT 06106

PERMIT NO. 1550	DATE ISSUED 7/10/93
--------------------	------------------------

1. **THIS PERMIT:** a. Is sufficient for the removal of a body to any town and also for interment; b. must accompany body, and c. must be given to person in charge of cemetery and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.

2. **THIS IS NOT** a permit to cremate. For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF Robert C Plumb	WHO DIED AT HARTFORD Hosp. Hartford	ON 7/8/93
CAUSE OF DEATH STAPH Infection - Sepsis		
TEMPORARY DISPOSITION (If body placed in receiving vault, give date.)		

FINAL DISPOSITION (Name and address of cemetery or crematory) Bural Cemetery, Southboro MASS		
ISSUED TO (Name of Funeral Director or Embalmer) William R. Short	(Address) 95 W. MAIN ST. MARLBORO MA 01752	(If embalmer, lic. no.) 5480
Certificates required by state statute have been received and recorded. Body has been prepared in accordance with the Public Health Code.	SIGNED (Registrar of Vital Statistics) [Signature] HARTFORD	TRANSIT PASTER YES <input type="checkbox"/> NO <input type="checkbox"/>
SEXTON'S ENDORSEMENT	THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE NAMED CEMETERY (Sexton's Signature) Budget C. Gillerney	DATE BODY BURIED 7/12/93

RECORDED
TOWN OF SOUTHBOROUGH

JAN 18 1994

TOWN CLERKS OFFICE

RECEIVED
SOUTHBOROUGH TOWN CLERK

2022 JUN 16 A 8:42

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS
RICHMOND, VIRGINIA

OUT-OF-STATE TRANSIT PERMIT

V.S. 13-10/14

(Printed: June 07, 2022)

Permit #: 142905

IMPORTANT This permit must accompany the remains to destination.

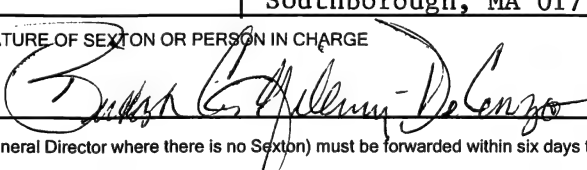
When used as a permit for transportation by common carrier, this permit should be enclosed in a strong envelope and attached to the shipping case. No separate transit permit is required.

DOROTHY, MAY, PHANEUF (Decedent First Name, Middle Name, Last Name)		ALEXANDRIA , Virginia (Place of death City / County)
Date of Death: 06/01/2022	Age: 84 years	Sex: FEMALE
Race of Decedent: White		
DESTINATION TO WHICH REMAINS TO BE SENT:	SOUTHBOROUGH RURAL CEMETERY (Place of Disposition)	11 CORDAVILLE ROAD SOUTHBOROUGH MA 01772 (Address of Disposition)
<i>DATE OF BURIAL - JUNE 13, 2022</i> <i>SEC. 6, LOT # 52</i>		

A Certificate of Death having been filed as required by the laws of this State, or conditions outlined in regulations having been complied with, permission is hereby given to:			
ANTHONY, LEE, WILSON (Name of Funeral Director / Name of Next of Kin)	1500 W BRADDOCK RD ALEXANDRIA VIRGINIA 22302 (Address of Funeral Home / Address of Next of Kin)		
To transport said deceased as stated above.			
Date: 06/02/2022	Registration District No:	Signature of Registrar:	Electronically Approved By: JANET, RAINEY VITAL RECORDS

FORM BT-1, 1/96

Paul J. Berry

STATE OF NEW HAMPSHIRE			1. BURIAL PERMIT NO		Town Clerk
BURIAL TRANSIT PERMIT			2. CITY OR TOWN		
3. DECEDENT'S NAME (First, Middle, Last) MARTHA WEBSTER PHELPS			4. SEX FEMALE	5. DATE OF DEATH (Month, Day, Year) AUGUST 01, 2004	
6. AGE 88 Years	7. DATE OF BIRTH (Month, Day, Year) JUNE 04, 1916	8. CITY, TOWN, OR LOCATION OF DEATH RYE		9. COUNTY OF DEATH ROCKINGHAM	
10. METHOD OF DISPOSITION: 1. Burial 2. Temp. Entombment 3. Cremation 4. Donation 5. Mausoleum 6. Other CODE: 1		11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) RURAL CEMETERY		12. LOCATION (City/Town, State) SOUTHBORO, MA	13. DATE OF DISPOSITION (Refer to 19a) AUGUST 06, 2004
			14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL		15. LOCATION (City/Town, State)
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:					
16. FUNERAL DIRECTOR DOROTHY L WARD		17. N.H. LIC. NO ONLY 597	18. NAME AND LOCATION OF FACILITY (City/Town, State) J VERNE WOOD FUNERAL HOME, PORTSMOUTH, NH		
19. COUNTERSIGNED AGENT (CITY BOARD OF HEALTH/SUB-REGISTER if app.) DOROTHY L WARD		20. CITY/TOWN RYE		21. DATE ISSUED (Month, Day, Year) AUGUST 02, 2004	
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE					
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE	
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT				26. DATE ISSUED (Month, Day, Year)	
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW					
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Burial		28. DATE OF DISPOSITION (Month, Day, Year) 8/6/2004		29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA 01772	
30. SECTION 13WEST	31. GRAVE NO. 2	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 			
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.					

2021 AUG 11 P 4: 33



State of Florida, Department of Health, Bureau of Vital Statistics

BURIAL TRANSIT PERMIT

DATE PRINTED: February 17, 2021

TRACKING NUMBER: 2021033148

1. DECEDENT INFORMATION

Name of Deceased NATALIE ELIZABETH GROTON		Date of Death February 11, 2021
Place of Death - County CHARLOTTE	City, Town or Location PUNTA GORDA	Name of facility, or street address if not a facility LIFE CENTER OF PUNTA GORDA
Name and Address of Funeral Home/Direct Disposal Establishment NATIONAL CREMATION SOCIETY - PORT CHARLOTTE F040981 2672 TAMiami TRAIL STE 4B PORT CHARLOTTE, FLORIDA, 33952		Fla. Lic. No./Reg. No. F040981
		Phone Number (941) 624-5212
Funeral Director/Direct Disposer STACEY A. KINNER		Fla. Lic. No./Reg. No. F396588
Medical Verification Statement Alena at the certifying physician's office, was contacted on 02/12/2021 by the funeral director listed above; he/she indicated that RICHARD LEE DIAMOND, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.		

2. BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Permit Number: 2021-F040981-5091

Date Issued: February 12, 2021

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District	22	Approval Number:	0408E
--	----	------------------	-------

4. CEMETERY OR CREMATORY

Place of Disposition:	SOUTHEASTERN CREMATORY	Date of Disposition:	_____
Method of Disposition:	CREMATION		

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12
64V-1.011, Florida Administrative Code

BURIAL AT PUNTA GORDA CEMETERY ON JULY 27, 2021
SEC. 7, LOT 27, ENV. 42B, BURIAL OF CREMATED REMAINS

BURIAL DIRECTOR

State of Maine
Department of Health and Human Services
Permit for Disposition of Human Remains


Distribution of Copies: ☐ Place of Final Disposition
☐ Place of Death

☐ Place Permit Issued
☐ Issuing Clerk – Retain Until Endorsement Received

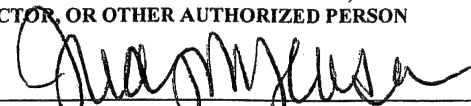
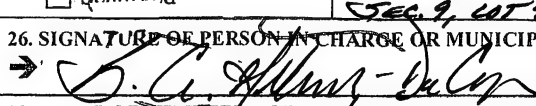
RECEIVED
TOWN CLERK'S OFFICE

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) Mary Theresa Quinn				2. DATE OF DEATH (Mo., Day, Yr.) 06/07/2018	
3. SEX Female	4. AGE 85	5. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6. PLACE OF DEATH (City or Town) Westbrook, Maine		
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Advantage Funeral & Cremation Services, 999 Forest Ave Portland ME 04103				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER HO10455	
8. PERMISSION REQUESTED FOR: (Check All That Apply)					
<input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment					
9. AUTHORIZATION FOR PERMIT		<input checked="" type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input checked="" type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science	<input type="checkbox"/> Application or Court Order for Disinterment
<input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation					

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE HUMAN REMAINS IDENTIFIED ABOVE

10. SIGNATURE OF CLERK OR (see #11) →	10b. CITY OR TOWN Westbrook, Maine	10c. DATE SIGNED (Mo., Day, Yr.)
11. SIGNATURE OF SUBREGISTRAR → 	11b. SUBREGISTRAR OF (List Municipality appointed by): Portland M.E.	11c. DATE SIGNED (Mo., Day, Yr.) 06/13/2018

DISPOSITION

<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	12. NAME OF CEMETERY OR VAULT	13. LOCATION (City or Town) (State)
	14. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →	
REMAINS WERE: <input type="checkbox"/> BURIED <input checked="" type="checkbox"/> CREMATED <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> MEDICAL USE	16. NAME OF CEMETERY, CREMATORY, MEDICAL SCHOOL, OR OTHER DESTINATION Brooklawn Memorial park Crematory	17. LOCATION (City or Town) (State) Portland, Maine
	18. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON → 	
<input type="checkbox"/> REMOVED FROM STATE	20. NAME OF CEMETERY, OR OTHER DESTINATION	21. LOCATION (City or Town) (State)
	22. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON →	
DISPOSITION OF CREMATED REMAINS:	24. <input checked="" type="checkbox"/> Buried <input type="checkbox"/> To Family <input type="checkbox"/> Scattered	25. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT Rural Crematory 11 CARDVILLE RD, SOUTHBOROUGH, MA SEC. 9, LOT 47, GRW 25
	26. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL → 	
<input type="checkbox"/> REMAINS WERE DISINTERRED	28. NAME OF CEMETERY OR VAULT	29. LOCATION (City or Town) (State)
	30. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →	
		31. DATE (Mo., Day, Yr.) 7/30/2018

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

2016 SEP - 11 P 1:57

STATE OF NEW HAMPSHIRE			1. BURIAL PERMIT NO		SOUTHBOROUGH, MA	
BURIAL TRANSIT PERMIT			2. CITY OR TOWN			
3. DECEDENT'S NAME (First, Middle, Last) KIMBERLY A RUSSO			4. SEX FEMALE	5. DATE OF DEATH (Month, Day, Year) JANUARY 1, 2016		
6. AGE 51 Years	7. DATE OF BIRTH (Month, Day, Year) NOVEMBER 20, 1964	8. CITY, TOWN, OR LOCATION OF DEATH MANCHESTER		9. COUNTY OF DEATH HILLSBOROUGH		
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other):				CODE: 3		
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) PHANEUF CREMATORIUM						
12. LOCATION (City/Town, State) MANCHESTER, NH						
13. DATE OF DISPOSITION (Refer to 19a) JANUARY 5, 2016						
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL						
15. LOCATION OF FINAL DISPOSITION (City/Town, State)						
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:						
16. FUNERAL DIRECTOR JONATHAN R WOLF				17. N.H. LIC. NUM ONLY 1002		
18. NAME AND LOCATION OF FACILITY (City/Town, State) PHANEUF FUNERAL HOMES AND CREMATORIUM, MANCHESTER, NH						
19. COUNTER SIGNED AGENT (City Board of Health/Sub-Register if app.) MICHELE M PHANEUF PLASZ			20. CITY/TOWN MANCHESTER		21. DATE ISSUED (Month, Day, Year) JANUARY 5, 2016	
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE						
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)			23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE	
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT				26. DATE ISSUED (Month, Day, Year)		
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW						
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <i>FULL EARTH BURIAL</i>		28. DATE OF DISPOSITION (Month, Day, Year) <i>8/26/2016</i>		29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <i>RURAL CEMETERY SOUTHBOROUGH MA 01772</i>		
30. SECTION <i>SEC. 2-A LOT- 54B</i>	31. GRAVE NO. <i>Grave 28</i>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE <i>Bridgette Kelly - Li</i>				
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.						

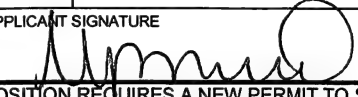

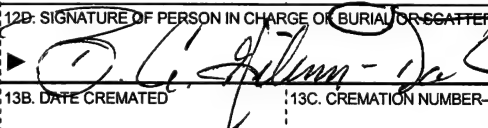
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

RECEIVED
TOWN CLERK'S OFFICE

2013 JAN 29 A 10:04

SOUTHBOROUGH

1A. NAME OF DECEDENT—FIRST IDA		1B. MIDDLE ANNE		1C. LAST RABBINI	
2. SEX F	3. DATE OF BIRTH (MONTH, DAY, YEAR) 02/07/1918		4. DATE OF DEATH (MONTH, DAY, YEAR) 01/09/2013		5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
6A. CITY OF DEATH SAN DIEGO			6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN DIEGO		
7A. NAME OF INFORMANT DONNA MARIE WITTOUCK		7B. RELATIONSHIP TO DECEDENT NIECE		8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE POWAY-BERNARDO MORTUARY 13243 POWAY ROAD, POWAY, CA 92064	
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 12425 PICRUS STREET, SAN DIEGO, CA 92129				8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD1195	
ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.				9A. APPLICANT SIGNATURE 	
				9B. DATE SIGNED 01/14/2013	
PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.					
10A. AMOUNT OF FEE PAID \$ 11.00		10B. DATE PERMIT ISSUED 01/14/2013		10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD 	
10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110			10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D ---		
11. AUTHORIZED DISPOSITION(S) TRANSIT				FOR CORONER'S USE ONLY	
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Rural Cemetery 11 Cordaville Rd. Southborough, MA 01772		12B. DATE BURIED January 25, 2013		12C. INTERMENT NUMBER—IF APPLICABLE Sec.13, Lot 20, Grv#4
			12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING 		
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		13B. DATE CREMATED		13C. CREMATION NUMBER—IF APPLICABLE
			13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		14B. DATE RECEIVED		
			14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED SOUTHBOROUGH CEMETERY, ROUTE 85, SOUTHBOROUGH, MA 01772		15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
			15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		15D. DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE		16B. DATE OF DISPOSITION		16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
			16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶		

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 — ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 — RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 — RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 — RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

INSTRUCTIONS FOR COPY DISTRIBUTION

- COPY 1** ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.
- COPY 2** RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
- COPY 3** RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.
- COPY 4** RETAINED BY THE REGISTRAR ISSUING THE PERMIT. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7054.7, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BUREAU. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESPERSON'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DESIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. A STATE OR LOCAL AGENCY MAY ADOPT AN ORDINANCE, REGULATION, OR POLICY, AS APPROPRIATE, AUTHORIZING, CONSISTENT WITH THIS SECTION, OR SPECIFICALLY PROHIBITING, THE SCATTERING OF CREMATED HUMAN REMAINS ON LANDS UNDER THE AGENCY'S JURISDICTION. THE SCATTERING OF THE CREMATED REMAINS OF MORE THAN ONE PERSON IN ONE LOCATION PURSUANT TO THIS SECTION SHALL NOT CREATE A CEMETERY PURSUANT TO SECTION 7003 OR ANY OTHER PROVISION OF LAW. (HEALTH AND SAFETY CODE SECTION 7116.)



**Servicio
Canario de Salud**

RECCION GENERAL DE SALUD PUBLICA

Rumbra General Franco, 53

Teléfono 60 42 71

Santa Cruz de Tenerife

AUTORIZACION DE TRASLADO DE CADAVER

IDENTIFICACION DEL FALLECIDO

Primer Apellido RAMELLI	Nombre ANNA
Segundo Apellido	
Fecha de fallecimiento 26.03.2002 P.C.R. Cancer Extendido en CAUSA: Hgado pancreas y Bazo	Fecha nac.: 12.01.1931 Nacionalidad: Estadounidense Diligencia previa:
Lugar de fallecimiento SANTIAGO DEL TEIDE	Hora 06:30 Provincia S/C DE TENERIFF

DATOS DEL TRASLADO

Lugar de salida STGO/ DEL TEIDE		
Destino (Cementerio) YOUTHBCRO (MASSACHUSETTS)	Provincia	País ESTADOS UNIDOS
Itinerario VIA AEREA		
Vehículo utilizado AVION		
Funeraria SANTA ANA S.L.		

En virtud de la presente autorización, que deberá acompañar al cadáver en todo momento, las Autoridades y sus Agentes darán las mayores facilidades durante el itinerario hasta el punto de destino.

Santa Cruz de Tenerife, 02 de Abril de 2002

El Director General de Salud Pública

[Circular stamp: SERVICIO CANARIO DE SALUD, DIRECCION GENERAL DE SALUD PUBLICA, SANTA CRUZ DE TENERIFE]
[Signature: J. Pérez Sanz]



State of Florida, Department of Health, Vital Statistics

APPLICATION FOR BURIAL - TRANSIT PERMIT

COPY

A. (TYPE) RECEIVED AND FILED IN THE OFFICE OF THE TOWN CLERK SEPTEMBER 2, 2004 AT 12:50 PM

1. Name of Deceased		First	Middle	Last	Date of Death	PAUL BERNARD ROBERTSON	08-07-04
2. Place of Death		City, Town or Location			Name of (If neither, give street address)		
POLK		WINTER HAVEN			Hosp. or Inst. WINTER HAVEN HOSPITAL		
3. Name of Medical Certifier		DR. ROBINSON KOILPILLAI			Address		Phone Number
					500 EAST CENTRAL AVENUE		(863) 293-1191
					WINTER HAVEN, FLORIDA		
4. Name of Funeral Home/Direct Disposal Establishment		Address			Fla. Lic. No./Reg. No.	Phone No. (Area Code)	
SERVICES OF MID FLORIDA		122 STATE STREET			KB-0318	(863) 421-4900	
		DAVENPORT, FLORIDA					
5. Check Appropriate Box		a. <input checked="" type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.					
		b. <input type="checkbox"/> _____ was contacted on _____ He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death within 72 hours.					
		c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.					
6. Funeral Director/Direct Disposer		Signature			F.E. No./Reg. No.	Date Signed	
LARRY W. LOCKE					KA-0537	08-09-04	

B.

BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body.

Permit No. 318-04-104

☐ A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

☒ No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature

Date

Issued: 08-09-04

Date Certificate

Due:

C.

AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: 2004-10-C-2121

Date: AUGUST 9, 2004

Medical Examiner, BARBARA APPA, gave authorization by telephone to JOSEPH W. LOCKE
Funeral Director/Direct Disposer. Date

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D.

CEMETERY OR CREMATORY

J.L. Locke Cremation Svc.
Davenport, FL 33836

Method of Disposition:

Place of Disposition

☐ BURIAL☐ STORAGE

Date of Disposition

August 10, 2004

☒ CREMATION☐ OTHER (Specify)Signature of Sexton
or Person-in-Charge

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.
the cremated remains were buried at Rural Cemetery, Southborough on August 27, 2004

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



STATE OF NEW HAMPSHIRE
BURIAL — TRANSIT PERMIT

Burial Permit No.

City or Town of... **Franklin**

Full name of deceased **Evelyn G. Rogers**
Place of death **Franklin** **Merrimack** **NH**
(Town or City) (County) (State)
Date of death **January 15,** **19 92** Color **White** Sex **Female** Age **79**
Cause of death **Cardiomyopathy/ Congestive Heart Failure**
Method of disposal **Burial** **Rural Cemetery,**
(Whether burial, cremation, transportation, storage, etc. - If storage, see over) (Cemetery, Crematory, or Vault)
Town or City **Southboro** State **Massachusetts**

A certificate of death having been filed as required by the laws of this State, permission is hereby given to
Smart Funeral Home Town or City **Tilton**
(Funeral Home)
to dispose of body of said deceased as above stated. Date Issued **January 16, 1992**
Signature *Ednae J. Rogers* City or Town of **Franklin**
(Town Clerk, Sub-Registrar, Agent City Board of Health)

CEMETERY OR STOARGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE

If stored, body was placed in, on 19
(Name of storage valut)
Town or City State
Signature
(Sexton or person in charge of storage vault)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was **Buried** on **January 17,** **19 92** in **Rural Cemetery**
(State whether cremated, buried, etc.) (Cemetery, Crematory, or Vault)
Town or City: **Southborough** State **MA** Section: **12**
Lot No. **39** Grave No. **3** Signature *Budget C. McHenry*
(Sexton or person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.

READ CAREFULLY

OFFICIALS: This burial-transit permit may be issued only upon RECEIPT of a completed (SIGNED) death certificate - Not Before, - or in exchange for a burial permit issued at some other place. In special emergencies, telephone the Bureau of Vital Records (1-800-852-3345, extension 4655) for instructions.

FUNERAL DIRECTORS: The burial-transit permit is required for any manner of disposition of a dead body including interment, storage, cremation and transportation. A permit is required whenever a funeral director is to dispose of the fetus when a fetal death has occurred. When the fetal death has taken place in a hospital the funeral director will obtain the burial permit from the director of medical records at the hospital. The burial permit is attached to the hospital's fetal death report as a removable stub to be used as needed.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Embalming of the body of a deceased person is only required by law if the body is to be exposed to the public for more than twenty-four hours. (RSA 325:40-a) Embalming for shipping purposes or prior to cremation is common practice but not required by state law.

CREMATION: When the body is to be cremated, 48 hours must elapse before cremation can take place and a separate cremation permit (VS MR) must be obtained from the medical examiner and submitted to the crematory with the burial permit. (RSA 325-A-3)

SEXTON: It is unlawful for any sexton, or any other person having charge of a burial place, to permit burial or other disposition of a dead body before a burial permit is deposited with him. (RSA 290:5) All permits must be preserved and forwarded within six days to the clerk of the town/city of burial. (RSA 290:6)

DISINTERMENT: This burial-transit permit is not to be used as a permit for disinterment. A separate permit is needed for this purpose (VS DT-1) which is obtained from and processed through the Bureau of Vital Records and Health Statistics.

STORAGE: When a body is to be stored this permit will be completed by the sexton where the body is entombed and forward by such person to the local Town/City clerk where storage vault is located. When body is to be moved from entombment for final disposal, the funeral director shall obtain this same permit from the Town/City clerk and use it as the permit for permanent disposal.

VERMONT DEPARTMENT OF HEALTH BURIAL-TRANSIT PERMIT

Permit for Removal, Disinterment and Reinterment

Permit No. _____

1. Decedent's Name (first, middle, last) Harriet Gertrude Ruggles		2. Sex Female	3. Date of Death February 4, 2002
4. City/Town of Death Newport	5. Date of Birth June 21, 1914	6. Place of Birth Mansfield, Massachusetts	
7. Name and Address of Funeral Director or Authorized Person Converse-Rushford Funeral Home, Darling Hill Rd, Newport, VT 05855			
PERMISSION REQUESTED FOR: (Check only one box and complete appropriate section)			
<input type="checkbox"/> Temporary Storage (Section A)	<input type="checkbox"/> Removal from Temp. Storage or Disinterment (Section B)	<input type="checkbox"/> Cremation (Section C)	<input checked="" type="checkbox"/> Burial or Entombment (Section D)

SECTION A: (If temporary storage, complete this section.)		
Place of Storage (Name of Cemetery or Vault)	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Sexton/Cemetery Official	Date	

SECTION B: (If removal from temporary storage or disinterment, complete this section.)		
Name of Cemetery or Vault from which body is being removed	City/Town	Date
Name of Cemetery where body is being taken	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Sexton/Cemetery Official	Date	

SECTION C: (Complete this section if body will be cremated.)		
Name of Crematorium	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Crematorium Official	Container Number	Date

SECTION D: (Complete this section if body/cremains will be buried or entombed.)			
Name of Cemetery Rural cemetery	City/Town Southborough, Massachusetts	Date 2/8/02	
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)			
Signature of Clerk or Deputy <i>Rosemarie M. Hartley</i>	City/Town CITY OF NEWPORT	Date FEB 5 2002	
Body/Cremains were <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Entombed	Date January 8, 2002		
Name of Cemetery Southborough Rural Cemetery	Section 15	Lot Number 2	Grave Number 7
City/Town, State Southborough, Massachusetts	Signature of Sexton/Cemetery Official <i>Dudley C. Sullivan</i>		

This permit is to be filed with the City/Town Clerk by the 10th day of the month following disposition. (Title 18, V.S.A. 5215)



The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

95 2786 ✓

REGISTERED NUMBER

STATE USE ONLY

STATE USE ONLY		DECEDENT - NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)			
		Robert			W.	Russell		M	November 2, 1995			
4a PLACE		PLACE OF DEATH (City/Town)			COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)					
4a		Worcester			Worcester		4c St. Vincent Hospital					
4c HOSP.		PLACE OF DEATH (Check only one): <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> ODA			OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			SOCIAL SECURITY NUMBER		IF US WAR VETERAN SPECIFY WAR		
								6 017-10-0525		7 WW II		
5. TYPE		DECEDENT			WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			RACE (e.g. White, Black, American Indian, etc.) (Specify): 8b White			DECEDENT'S EDUCATION (Highest Grade Completed) Elem/Sec (0-12) College (1-4, 5+)	
								9 12				
7. VET.		AGE - Last Birthday (Yrs.)			UNDER 1 YEAR MOS DAYS		UNDER 1 DAY HOURS MINS		DATE OF BIRTH (Mo., Day, Yr.)		BIRTHPLACE (City and State or Foreign Country)	
		10a 86							10d September 11, 1909		11 Worcester, Massachusetts	
8. HISP		MARRIED, NEVER MARRIED WIDOWED OR DIVORCED			LAST SPOUSE (If wife, give maiden name)			USUAL OCCUPATION (Prior - If retired)		KIND OF BUSINESS OR INDUSTRY		
		12 Married			13 Anna O'Connell			14a Machinist		14b Manufacturing		
9. EDUC.		RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY						ZIP CODE				
		15a 31 Russell St., Worcester, Worcester Co., Massachusetts						15b 01609				
10. AGE		FATHER - FULL NAME			STATE OF BIRTH (If not in US, name country)			MOTHER - NAME (GIVEN) (MAIDEN)		STATE OF BIRTH (If not in US, name country)		
		16 Robert S. Russell			17 Mass.			18 Phoebe L. Leach		19 Maine		
11. NATIVITY		INFORMANT			MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE			RELATIONSHIP				
		20 Louis K. Russell			21 15 Oak Hill Rd., Fayville, MA 01745			22 Brother				
12. MARITAL		METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE			FUNERAL SERVICE LICENSEE			LICENSE #				
		23 <input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC:			24 Howard L. Allen			25 6501				
15. OUT-STATE		DISPOSITION			PLACE OF DISPOSITION (Name of Cemetery, Crematory or other)			LOCATION (City/Town, State)				
					28a Rural Cemetery			28b Southboro, Massachusetts				
23. DISP.		DATE OF DISPOSITION (Mo., Day, Yr.)			NAME AND ADDRESS OF FACILITY							
		27 November 10, 1995			28a/b Howard C. Allen Funeral Home, 653 Main St., Shrewsbury, MA 01545							
31-32. AUTOP.		29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY.			Approximate Interval Between Onset and Death							
		IMMEDIATE CAUSE (Final disease or condition resulting in death)			a. SEPSIS			DUE TO (OR AS A CONSEQUENCE OF)		DAYS		
		Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.			b. PNEUMONIA - BACTERIAL			DUE TO (OR AS A CONSEQUENCE OF)		DAYS		
					c.			DUE TO (OR AS A CONSEQUENCE OF)				
					d.			DUE TO (OR AS A CONSEQUENCE OF)				
33. MED EXAM		PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.			GASTROINTESTINAL BLEEDING			WAS AUTOPSY PERFORMED? (Yes or No)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)		
								31 NO		32		
34. MANNER		30 WAS CASE REFERRED TO M.E.? (Yes or No)			34 MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/> PENDING INVESTIGATION			DATE OF INJURY (Mo., Day, Yr.)		TIME OF INJURY		
		33 NO						35a		35b M 35c		
35C. WORK INJ		DESCRIBE HOW INJURY OCCURRED			PLACE OF INJURY - At home, farm, street, factory, office bldg., etc. Specify:			LOCATION (No. & St., City/Town, State)				
		35d			35e			35f				
35F. PLACE		36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) Ashok M.D.			37a On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title)							
		DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH			DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
		36b NOVEMBER 2, 1995			36c 9:32 A.M.			37b		37c M		
36-37. CERT		NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER			PRONOUNCED DEAD (Mo., Day, Yr.)			PRONOUNCED DEAD (Hr.)				
		36d DEBORAH FORD M.D.			37d			37e M				
40a. RN PRO		NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)			LICENSE NO. OF CERTIFIER							
		ASHOK KUMAR MANGLIK, ST. VINCENT HOSPITAL, 25 WINTHROP STREET WORCESTER, MA 01604			95-2643-98			39				
		38 WAS THERE AN R.N. PRONOUNCEMENT? Yes or No			IF YES, DATE PRONOUNCED			40d NAME OF PRONOUNCING REGISTERED NURSE				
		40a NO			40b			40c M				
BLACK INK ONLY		DATE BURIAL PERMIT ISSUED: November 9, 1995			RECEIVED IN THE CITY/TOWN OF WORCESTER			DATE OF RECORD				
R-301-89		SIGNATURE - BD. OF HEALTH AGENT			CLERK'S SIGNATURE			NOV 13, 1995				
		41			42			43				

DISTRIBUTION OF COPIES: ☒ Place of Final Disposition
☐ Place of Death

☐ Place Permit Issued
☒ Issuing Clerk's Office Until
 Endorsement Received

2016 SEP - 11 P 1:57

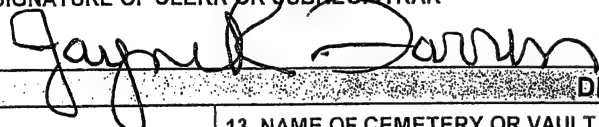


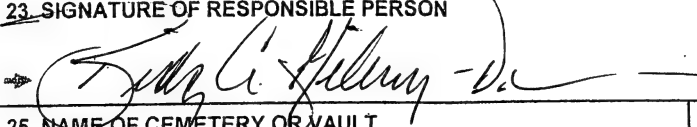
STATE OF MAINE
 DEPARTMENT OF HUMAN SERVICES

SOUTHBOROUGH, MA

PERMIT FOR DISPOSITION OF HUMAN REMAINS

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) Frank James Ramelli, Jr.			2. DATE OF DEATH (Mo., Dy., Yr.) October 3, 2015		
3. SEX M	4. AGE 80	5. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	6. PLACE OF DEATH (City or Town) (State) Caribou ME		
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Mockler Funeral Home Inc 24 Reservoir Street Caribou, Maine 0473				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER 09106	
8. PERMISSION REQUESTED FOR: (Check all that apply) <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment					
9. AUTHORIZATION FOR PERMIT <input checked="" type="checkbox"/> Completed Death Certificate <input type="checkbox"/> Report of Death (Funeral Directors Only) <input checked="" type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial at Sea, Use by Medical Science <input type="checkbox"/> Application or Court Order for Disinterment					

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF
 THE HUMAN REMAINS IDENTIFIED ABOVE

10. SIGNATURE OF CLERK OR SUBREGISTRAR 		11. CITY OR TOWN Caribou	12. DATE SIGNED (Mo., Dy., Yr.) 10/05/2015
DISPOSITION			
<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	13. NAME OF CEMETERY OR VAULT		14. LOCATION (City or Town) (State)
	15. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL 		16. DATE (Mo., Dy., Yr.)
REMAINS WERE: <input type="checkbox"/> Buried <input type="checkbox"/> Cremated <input checked="" type="checkbox"/> Removed from State <input type="checkbox"/> Placed in Mausoleum <input type="checkbox"/> Buried at Sea <input type="checkbox"/> Medical Use	17. NAME OF CEMETERY, CREMATORY, MEDICAL SCHOOL, OR OTHER DESTINATION Morris Funeral Home - Rural Cemetery		18. LOCATION (City or Town) (State) Southborough MA
	19. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON 		20. DATE (Mo., Dy., Yr.) Oct. 6, 2015
DISPOSITION OF CREMAINS: <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Scattered <input type="checkbox"/> To Family	21. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT <u>RURAL CEMETERY</u> <u>SEC. 6-140, LOT 7, GN#1B</u>		22. LOCATION (City or Town) (State) <u>Southborough MA 01772</u>
	23. SIGNATURE OF RESPONSIBLE PERSON 		24. DATE (Mo., Dy., Yr.) 8/26/2016
<input type="checkbox"/> REMAINS WERE DISINTERRED	25. NAME OF CEMETERY OR VAULT		26. LOCATION (City or Town) (State)
	27. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL		28. DATE (Mo., Dy., Yr.)

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.

Illinois Department of Public Health Division of Vital Records		PERMIT FOR DISPOSITION OF DEAD HUMAN BODY	
NAME OF DECEASED EVELYN WATSON RABINE		DATE OF DEATH AUGUST 25, 2016	
PLACE OF DEATH (STREET OR INSTITUTION) WAUCONDA HEALTHCARE AND REHAB	CITY WAUCONDA	COUNTY LAKE	VETERAN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PLACE OF DISPOSITION (NAME AND LOCATION OF CEMETERY, CREMATORY) RURAL CEMETERY, SOUTHBOROUGH, MASSACHUSETTS			
<input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> SHIP OUT OF STATE <input type="checkbox"/> CORONER OR MEDICAL EXAMINER IF ANY OF THE ABOVE ITEMS ARE CHECKED, THIS PERMIT MUST BE SIGNED BY THE LOCAL REGISTRAR PRIOR TO DISPOSAL OF THE BODY.			
NAME AND ADDRESS OF PHYSICIAN WHO WILL SIGN DEATH CERTIFICATE BEHZAD FARAH MD, 27790 W HWY 22, BARRINGTON, ILLINOIS, 60010			
I CERTIFY I HAVE CONTACTED THE PHYSICIAN AND HE/SHE WILL SIGN DEATH CERTIFICATE.			
SIGNED <u>MARK A KISSELBURG</u>		FUNERAL DIRECTOR	
FUNERAL HOME NAME AND ADDRESS WAUCONDA FUNERAL HOME, 235 NORTH MAIN STREET, WAUCONDA, ILLINOIS, 60084			
REGISTRAR SIGNATURE KEVIN J BOWENS	DIST NO. 09705	DATE PERMIT ISSUED AUGUST 25, 2016	
REGISTRAR ADDRESS 118 W COOK AVE, LIBERTYVILLE, ILLINOIS, 60048			

PART 2

*I CERTIFY THAT THE BODY ACCOMPANYING THIS PERMIT WAS DISPOSED OF
IN ACCORDANCE WITH ITS TERMS.*

AT RURAL CEMETERY

ON AUG. 30 2016 - SEC. 18 EAST, LOT 20, BIV. #6

CERTIFIED BY Brenda C. Sullivan-VC

MONTANA DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES
Vital Statistics Bureau
PO BOX 4210, Helena, MT 59604-4210

AUTHORIZATION

FOR REMOVAL, TRANSPORTATION AND FINAL DISPOSITION OF A DEAD BODY

☐ ORIGINAL TO LOCAL REGISTRAR ☐ ONE COPY TO CORONER ☐ ONE COPY TO MORTUARY/PERSON IN CHARGE OF DISPOSITION ☐ ONE COPY TO CEMETERY/CREMATORY OR TO ACCOMPANY REMAINS OUT-OF STATE

Machine or facsimile copies of this form shall be valid for all purposes

If fetal death, check box: ☐ and provide date for mother or fetus as appropriate

NAME: Alberta Julia Smith DATE OF BIRTH: March 27, 1926

SOCIAL SECURITY NUMBER: 011-20-4165 ☐ Male ☒ Female

DIED (or was found) ON: March 25, 2020

AT: Immanuel Lutheran Home

Kalispell

IN: Flathead COUNTY.

TO BE COMPLETED BY INDIVIDUAL AUTHORIZING REMOVAL, TRANSPORTATION AND FINAL DISPOSITION:

I HEREBY AUTHORIZE THE REMOVAL, TRANSPORTATION AND FINAL DISPOSITION OF THE REMAINS OF THE ABOVE-NAMED DECEDENT (OR IDENTIFIED FETUS) PURSUANT TO MY AUTHORITY UNDER 50-15-4-5, M.C.A.

I CERTIFY THAT I AM:

☐ THE CORONER HAVING JURISDICTION

☒ A MORTICIAN LICENSED UNDER 37-19-302, M.C.A.

☐ THE PHYSICIAN IN ATTENDANCE AT DEATH or THE PHYSICIAN'S DESIGNEE

signature [Signature] March 26, 2020 2508
date Montana license # (if any)
Adam Mills Johnson-Gloschat Funeral Home & Crematory
name (typed or printed) name of agency or firm represented (if applicable)
PO Box 966 Kalispell MT 59903
address city state zip

If authorization is by person other than a mortician licensed under 37-19-302, M.C.A.
name and address of mortuary/person in charge of disposition and filing of death certificate under 50-15-403, M.C.A.

name (typed or printed) firm (if applicable)
address city state zip

Cremation Authorization: _____ date signed _____

CEMETERY OR CREMATORY AUTHORITY MAY COMPLETE

4/16/2020 Rural Cemetery SEC. 8-2005
date of disposition cemetery or crematory name LOT 15, CN#2B
T. J. [Signature] W. [Signature] MA
city of disposition county state
☒ buried ☐ cremated
searched _____ person in charge

DECEDENT	Name First Robert		Middle I.	Last Slocomb	Sex Male	
	Date of Death May 3, 2016		Age 86	If Veteran of U.S. Armed Forces, War or Dates		
	Place of Death City, Town or Village Brighton		Hospital, Institution or Street Address Jewish Home Of Rochester			
	Manner of Death <input checked="" type="checkbox"/> Natural Cause <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Circumstances <input type="checkbox"/> Pending Investigation					
	Medical Certifier Name Jyothsna Ponnuri Title MD Address 2021 Winton Road South, Rochester, NY 14618					
DISPOSITION	Death Certificate Filed City, Town or Village Monroe County		District Number 2700		Register Number	
	<input type="checkbox"/> Burial	Date May 5, 2016	Cemetery or Crematory Finger Lakes Crematory			
	<input type="checkbox"/> Entombment	Address				
	<input checked="" type="checkbox"/> Cremation	21 Big Tree Street, Livonia, NY 14487				
	<input type="checkbox"/> Removal and/or Hold	Date	Place Removed and/or Held			
	<input type="checkbox"/> Transportation by Common Carrier	Date	Point of Shipment			
	<input type="checkbox"/> Disinterment	Date	Cemetery Address			
	<input type="checkbox"/> Reinterment	Date	Cemetery Address			
	PERMIT	Permit Issued to Name of Funeral Home Miller Funeral and Cremation Services, Inc.				Registration Number 01200
		Address 3325 Winton Road South, Rochester, NY 14623-3025				
Name of Funeral Firm Making Disposition or to Whom Remains are Shipped, If Other than Above						
Address						
Permission is hereby granted to dispose of the human remains described above as indicated.						
ENDORSEMENT	Date Issued <u>5/4/16</u> Registrar of Vital Statistics <u><i>[Signature]</i></u> (signature)					
	District Number <u>2700</u> Place <u>Monroe County Office of Vital Statistics</u>					
	I certify that the remains of the decedent identified above were disposed of in accordance with this permit on: cremated Rural Cemetery					
	Date of Disposition <u>5/18/2016</u> Place of Disposition <u>11 Cordaville Rd., Southborough, MA 01772</u> (address)					
	12-West 55 8A (section) (lot number) (grave number)					
Name of Sexton or Person in Charge of Premises <u>Bridget A. Gilleney-DeCenzo</u> (please print)						
Signature <u><i>[Signature]</i></u> Title <u>Cemetery Agent</u>						

(over)

§ 4145. Deaths; burial and removal permits; disposition of remains.

1. No person in charge of any premises on which interments, cremations and other disposition of the body of a deceased person are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, cremation or transit permit, as provided in this article.

2. The funeral director or undertaker shall deliver the burial permit to the person in charge of the place of burial or other disposition, before interring or otherwise disposing of the body; or shall attach the removal or transit permit to the box containing the body, when shipped by any transportation company, which permit shall accompany the remains to its destination, where if within this state, it shall be delivered to the person in charge of the place of burial or other disposition.

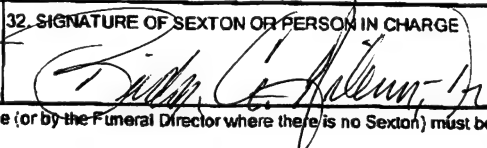
3. The person in charge of the place of burial or other disposition shall endorse upon the permit, the date of interment, or cremation or other disposition over his signature, and shall return all permits so endorsed to the registrar of his district within seven days after the date of interment, cremation or other disposition.

4. When burying or otherwise disposing of the body of a deceased person in a cemetery or burial place having no person in charge, the funeral director or undertaker shall (a) sign the burial or removal permit, giving the date of the burial; (b) write across the face of the permit the words "No person in charge;" and (c) file the burial or removal permit within three days with the registrar of the district in which the cemetery is located.

5. The person in charge of the place of burial, cremation, or other disposition shall keep a record of all bodies interred or otherwise disposed of on the premises under his charge, in each case stating the name of each deceased person, place of death, date of burial or disposal, and name and address of the funeral director or undertaker, which record shall at all times be open to official inspection.

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT			1. BURIAL PERMIT NO		RECEIVED TOWN CLERK'S OFFICE	
3. DECEDENT'S NAME (First, Middle, Last) PEARL LOUISE STOCKWELL			4. SEX FEMALE		5. DATE OF DEATH (Month, Day, Year) FEBRUARY 22, 2016	
6. AGE 95 Years	7. DATE OF BIRTH (Month, Day, Year) FEBRUARY 25, 1920	8. CITY, TOWN, OR LOCATION OF DEATH NASHUA		9. COUNTY OF DEATH HILLSBOROUGH		
10. METHOD OF DISPOSITION (1. Burial 2. Temp. Entombment 3. Cremation 4. Donation 5. Mausoleum 6. Other): CODE: 1						
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) SOUTHBOROUGH RURAL CEMETERY						
12. LOCATION (City/Town, State) SOUTHBOROUGH, MA						
13. DATE OF DISPOSITION (Refer to 19a) MARCH 1, 2016						
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL						
15. LOCATION OF FINAL DISPOSITION (City/Town, State)						
A CERTIFICATE OF DEATH HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN FOR THE						
16. FUNERAL DIRECTOR STEVEN A MORRIS					17. N.H. LIC. NUM ONLY 000	
18. NAME AND LOCATION OF FACILITY (City/Town, State) MORRIS FUNERAL HOME, SOUTHBOROUGH, MA						
19. COUNTER SIGNED AGENT (City Board of Health/Sub-Register if app.) LEO A DUMONT III			20. CITY/TOWN NASHUA		21. DATE ISSUED (Month, Day, Year) FEBRUARY 22, 2016	
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FIL OUT SPACE BELOW WHEN APPLICABLE						
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)			23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE	
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT				26. DATE ISSUED (Month, Day, Year)		
CEMETERY OR CREMATORY AUTHORITY SHALL FIL OUT SPACE BELOW						
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Full Earth BURIAL		28. DATE OF DISPOSITION (Month, Day, Year) March 1, 2016		29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA		
30. SECTION Sec. C-West Lot 55-East	31. GRAVE NO. 3	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 				
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.						

VERMONT DEPARTMENT OF HEALTH

BURIAL-TRANSIT PERMIT

Permit for Removal, Disinterment and Reinterment

Permit No. _____

1. Decedent's Name (first, middle, last) LUCY M. SALMON		2. Sex FEMALE	3. Date of Death JULY 16, 1995
4. City/Town of Death BURLINGTON	5. Date of Birth 8/27/1899	6. Place of Birth NEW BRITAIN, CT	
7. Name and Address of Funeral Director or Authorized Person WILLIAM SHORT FUNERAL HOME, 95 WEST MAIN ST., MARLBOROUGH, MA			
PERMISSION REQUESTED FOR: (Check only one box and complete appropriate section)			
<input type="checkbox"/> Temporary Storage (Section A)	<input type="checkbox"/> Removal from Temp. Storage or Disinterment (Section B)	<input type="checkbox"/> Cremation (Section C)	<input checked="" type="checkbox"/> Burial or Entombment (Section D)

SECTION A: (If temporary storage, complete this section.)

Place of Storage (Name of Cemetery or Vault)	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Sexton/Cemetery Official	Date	

SECTION B: (If removal from temporary storage or disinterment, complete this section.)

Name of Cemetery or Vault from which body is being removed	City/Town	Date
Name of Cemetery where body is being taken	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Sexton/Cemetery Official	Date	

SECTION C: (Complete this section if body will be cremated.)

Name of Crematorium	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Crematorium Official	Container Number	Date

SECTION D: (Complete this section if body/cremains will be buried or entombed.)

Name of Cemetery RURAL CEMETERY	City/Town SOUTHBORO, MA	Date 7/18/95
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy <i>Thomas General</i>	City/Town BURLINGTON	Date 7/16/95
Body/Cremains were <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Entombed	Date July 18, 1995	
Name of Cemetery Rural Cemetery	Section 12	Lot Number 4
City/Town, State Southborough, MA	Grave Number 1	
Signature of Sexton/Cemetery Official <i>Dwight C. Williams</i>		

This permit is to be filed with the City/Town Clerk by the 10th day of the month following disposition. (Title 18, V.S.A. 5215)

PAUL J. BERRY, TOWN CLERK

Paul J. Berry

DH-PHS-BTP-89a

**VERMONT DEPARTMENT OF HEALTH
BURIAL-TRANSIT PERMIT**

Permit No. _____

Permit for Removal, Disinterment and Reinterment

1. Decedent's Name (first, middle, last) Joseph Paul Sanchioni		2. Sex Male	3. Date of Death November 29, 2009
4. City/Town of Death Williamstown, VT	5. Date of Birth March 24, 1944	6. Place of Birth Framingham, MA	
7. Name and Address of Funeral Director or Authorized Person For: Morris Funeral Home, 40 Main Street, R. Brent Whitcomb, 7 Academy Street, Barre, VT 05641 Southborough, MA			
PERMISSION REQUESTED FOR: (Check only one box and complete appropriate section)			
<input type="checkbox"/> Temporary Storage (Section A)	<input type="checkbox"/> Removal from Temp. Storage or Disinterment (Section B)	<input type="checkbox"/> Cremation (Section C)	<input checked="" type="checkbox"/> Burial or Entombment (Section D)

SECTION A: (If temporary storage, complete this section.)		
Place of Storage (Name of Cemetery or Vault)	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Sexton/Cemetery Official	Date	

SECTION B: (If removal from temporary storage or disinterment, complete this section.)		
Name of Cemetery or Vault from which body is being removed	City/Town	Date
Name of Cemetery where body is being taken	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Sexton/Cemetery Official	Date	

SECTION C: (Complete this section if body will be cremated.)		
Name of Crematorium	City/Town, State	Date
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)		
Signature of Clerk or Deputy	City/Town	Date
Signature of Crematorium Official	Container Number	Date

SECTION D: (Complete this section if body/cremains will be buried or entombed.)			
Name of Cemetery Rural Cemetery	City/Town Southborough, MA	Date 12/05/2009	
PERMISSION IS GIVEN TO DISPOSE OF SAID BODY AS STATED ABOVE. (Title 18, V.S.A. 5201)			
Signature of Clerk or Deputy <i>R. Brent Whitcomb</i> , Deputy	City/Town Williamstown, VT	Date 12/02/2009	
Body/Cremains were <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Entombed	Date December 5, 2009		
Name of Cemetery Rural Cemetery	Section C-East	Lot Number 12 South	Grave Number 4
City/Town, State Southborough, MA 01772	Signature of Sexton/Cemetery Official <i>[Signature]</i>		

This permit is to be filed with the City/Town Clerk by the 10th day of the month following disposition. (Title 18, V.S.A. 5215)

01/19/2010 02:39 0000000000

0000000000000000 FH

PAGE 04

PAUL J. BERRY, TOWN CLERK



State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

A. (TYPE)

1. Name of Deceased: **DENSON SATTERFIELD** Date of Death: **JANUARY 16, 2010**

2. Place of Death: City, Town or Location: **ENGLEWOOD** Name of Hosp. or Inst.: **ENGLEWOOD COMMUNITY HOSPITAL**

3. Name of Medical Certifier: **SOHAIL SHARIFF, MD** Address: **1720 EAST VENICE AVENUE, VENICE, FLORIDA 34292** Phone Number: **941/483-9700**

4. Name of Funeral Home/Direct Disposal Establishment: **COMMUNITY FUNERAL HOME** Address: **3070 SOUTH MCCALL ROAD, ENGLEWOOD, FLORIDA 34224** Fla. Lic. No./Reg. No.: **2005** Phone No. (Area Code): **941/475-9800**

5. Check Appropriate Box:

a. ☐ The medical certification has been completed and signed. A completed certificate of death accompanies this application.

b. ☒ **(BRENDA) DR. SHARIFF'S (OFFICE)** was contacted on **JANUARY 18, 2010**. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that **SOHAIL SHARIFF, MD** will complete and sign the medical certification of cause of death within 72 hours.

c. ☐ _____ was contacted on _____ He/she verified that _____ Medical Examiner will complete and sign the medical certification of cause of death within 72 hours.

6. Funeral Director/Direct Disposer: **[Signature]** F.E. No./Reg. No.: **FO42874** Date Signed: **01/18/10**

B. BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body.

Permit No. **2005-10-010**

- ☐ A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.
- ☒ No extension of time for filing the death certificate has been requested.

Registrar or Subregistrar Signature: **[Signature]**Date Issued: **01/18/10**Date Certificate Due: **01/21/10**

C. AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: **2010-0345**Date: **January 19, 2010**

Medical Examiner, **DISTRICT 12 ME OFFICE (Laura)**, gave authorization by telephone to **Jo-Ann Verna** Funeral Director/Direct Disposer.

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. CEMETERY OR CREMATORY

Method of Disposition:

Place of Disposition:

Rural Cemetery, Southborough, MA
See: B-West, Lot 53, Grv#2A (crms)

☒ BURIAL☐ STORAGE

Date of Disposition:

April 16, 2010☐ CREMATION☐ OTHER (Specify)Signature of Sexton or Person-in-Charge: **[Signature]**

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

Park View Cemetery Crematorium

(518) 346-3217 • Fehr Avenue • P.O. Box 9154 • Schenectady, New York 12309

CERTIFICATE OF CREMATION

THIS IS TO CERTIFY THAT HEREIN ARE THE CREMATED REMAINS OF

David P. Scattergood

RESIDENCE 37 Blue Spruce Lane
Ballston Lake, NY

AGE 89 years

SEX Male

DATE OF DEATH 12/31/11

PLACE OF DEATH Ballston Lake, NY

DATE OF CREMATION 1/04/12

NO. 0112007

PARK VIEW CEMETERY ASSOCIATION

BY Charles J. H. Anderson

VANDALISM FEE PAID

David P. Scattergood's cremated remains were disposed of in accordance with its Terms

At Rural Cemetery Southborough, MA

on March 24, 2012

Final Disposition Sec. 3, Lot 15, Grv#3A (cremains)

Certified By [Signature]
Cemetery Supervisor

RECEIVED
TOWN CLERK'S OFFICE
2012 MAR 29 A 9:13
SOUTHBOROUGH, MA



State of Florida, Department of Health, Bureau of Vital Statistics
BURIAL TRANSIT PERMIT

DATE PRINTED: January 7, 2013

TRACKING NUMBER: 2012181973

1. DECEDENT INFORMATION

Name of Deceased		Date of Death
EVELYN LOUISE SHIMKUS		December 31, 2012
Place of Death - County	City, Town or Location	Name of facility, or street address if not a facility
SARASOTA	VENICE	1420 EAST VENICE AVENUE, APT. 211
Name and Address of Funeral Home/Direct Disposal Establishment		Fla. Lic. No./Reg. No. Phone Number
ENGLEWOOD COMMUNITY FUNERAL HOME INC F040778 3070 SOUTH MCCALL RD ENGLEWOOD, FLORIDA, 34224		F040778 (941) 475-9800
Funeral Director/Direct Disposer		Fla. Lic. No./Reg. No.
JOANN VERNA		F046474

2. BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.


Méade Grigg, State Registrar

Permit Number: 2013-F040778-5001
Date Issued: January 1, 2013

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 12 Approval Number: C13-00105

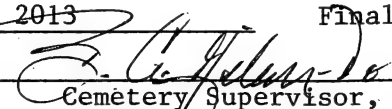
4. CEMETERY OR CREMATORY

Place of Disposition: ENGLEWOOD COMMUNITY FUNERAL HOME, INC
Method of Disposition: CREMATION Date of Disposition: 01/08/13


Signature of sexton or person in-charge (or by the funeral director/direct disposer when there is no sexton)

DH 326E, 1/11
64V-1.011, Florida Administrative Code

I hereby certify that the cremated remains of
Evelyn Louise Shimkus Accompanying this certificate was disposed of
in accordance with it's terms

At Rural Cemetery Town Southborough, MA
On May 25, 2013 Final Disposition Sec.2-A, Lot 54B, Grv#2A
Certified by  Cemetery Supervisor, Town of Southborough

RECEIVED
TOWN CLERK'S OFFICE
2013 JUN 11 A 9 49
706 SOUTHBOROUGH

2010 AUG 24 A 8:14 *mg*SOUTHBOROUGH, MA **Burial - Transit Permit**NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Name First Marjorie		Middle		Last Shuman		Sex Female
Date of Death July 25, 2010		Age 93		If Veteran of U.S. Armed Forces, War or Dates No veteran		
Place of Death Albany, New York		Hospital, Institution or Street Address 3 Carroll Terrace				
Manner of Death <input checked="" type="checkbox"/> Natural Cause <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Circumstances <input type="checkbox"/> Pending Investigation		Title M.D.				
Medical Certifier Name Judith Van Woert						
Address 1525 New Scotland Road Slingerlands, New York 12159						
Death Certificate Filed City, Town or Village Albany, New York				District Number 101		Register Number
<input type="checkbox"/> Burial	Date 8/2/10	Cemetery or Crematory Albany Rural Crematory				
<input type="checkbox"/> Entombment	Address Menands, New York					
<input checked="" type="checkbox"/> Cremation	Date	Place Removed and/or Held				
<input type="checkbox"/> Removal and/or Hold	Address					
<input type="checkbox"/> Transportation by Common Carrier	Date	Point of Shipment				
<input type="checkbox"/> Disinterment	Destination					
<input type="checkbox"/> Reinterment	Date	Cemetery Address				
Permit Issued to Name of Funeral Home Levine Memorial Chapel Inc.						Registration Number 01051
Address 649 Washington Avenue, Albany, NY 12206						
Name of Funeral Firm Making Disposition or to Whom Remains are Shipped, If Other than Above						
Address						
Permission is hereby granted to dispose of the human remains described above as indicated.						
Date Issued 7/31/10		Registrar of Vital Statistics <i>[Signature]</i> (signature)				
District Number 101		Place Albany, New York				
I certify that the remains of the decedent identified above were disposed of in accordance with this permit on:						
Date of Disposition		Place of Disposition (address)				
Name of Sexton or Person in Charge of Premises		(section)	(lot number)	(grave number)		
Signature		Title (please print)				

The cremated remains of Marjorie Shuman were buried on August 3, 2010 at Rural Cemetery in Southborough, MA, Final Disp. Sec/2, Lot 2, Gry#2B (over)

DOH-1555 (02/2004)

Certified by

[Signature]
Cemetery Supervisor



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

OUT-OF-STATE DISPOSITION NOTIFICATION/AUTHORIZATION

This notification is to be used only when deemed necessary by Funeral Home Licensee.

The State of Missouri no longer requires the acquisition of a permit prior to disposition of a dead body, effective August 13, 1984. Authorization for disposition is acquired through notification of death to the Local Registrar in the county which the death occurred.

Section 193.175, RSMo (1986)

I HEREBY CERTIFY THAT NOTIFICATION OF DEATH FOR

DECEDENT JAMES HOMAN SLOCOMB, SR.		WAS FILED WITH THE LOCAL REGISTRAR OF	
COUNTY JACKSON		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JULY 12, 1999	
CEMETERY OR CREMATORY - NAME D.W. NEWCOMER'S SONS CREMATORY		LOCATION (CITY, STATE) KANSAS CITY, MISSOURI	
SIGNATURE (FUNERAL HOME LICENSEE) <i>July Host</i>		DATE (MONTH, DAY, YEAR) JULY 12, 1999	
		MO LICENSE NUMBER 5132	

MO 580-6727 (10-92)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER - services provided on a nondiscriminatory basis

VS-302 (10-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST JOHN		1B. MIDDLE ARTHUR		1C. LAST SLOCUM JR	
2. SEX M	3. DATE OF BIRTH (MONTH, DAY, YEAR) 02/26/1953	4. DATE OF DEATH (MONTH, DAY, YEAR) 05/21/2012		5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)	
6A. CITY OF DEATH LONG BEACH			6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE LOS ANGELES		
7A. NAME OF INFORMANT TIMOTHY SLOCUM		7B. RELATIONSHIP TO DECEDENT BROTHER		8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE SOCAL CREMATIONS 6356 VAN NUYS BLVD SUITE 211, VAN NUYS, CA 91401	
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 27B NICKERSON RD, ASHLAND, MA 01721				8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD 2100	

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE: *Mauro Torno* 9B. DATE SIGNED: **7/23/2012**

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID \$ 11.00	10B. DATE PERMIT ISSUED 07/23/2012	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT MAURO TORNO, MD
10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA LONG BEACH CITY HEALTH DEPARTMENT 2525 GRAND AVENUE LONG BEACH, CA 90815		10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D --

11. AUTHORIZED DISPOSITION(S) CREMATION/TRANSIT	FOR CORONER'S USE ONLY
---	-------------------------------

cremains BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Rural Cemetery 11 Cordaville Rd. Southborough, MA 01772	12B. DATE BURIED May 15, 2013	12C. INTERMENT NUMBER—IF APPLICABLE Sec. 3, Lot 13, Grv#2A
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING <i>[Signature]</i>	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY DAY & NIGHT REMOVALS & CREMATIONS, 16760 STAGG ST #203, VAN NUYS, CA 91406	13B. DATE CREMATED 07-24-2012	13C. CREMATION NUMBER—IF APPLICABLE 2404
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED	
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED RES TIMOTHY SLOCUM 27B NICKERSON RD ASHLAND, MA 01721	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>	15D. DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL <i>[Signature]</i>	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 — ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 — RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 — RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 — RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

RECEIVED
TOWN CLERK'S OFFICE

2013 JUN 11 A 9:49

SOUTHBOROUGH. *JK*



STATE OF FLORIDA
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES
VITAL STATISTICS

APPLICATION FOR BURIAL-TRANSIT PERMIT

A. (Type or Print)

1. Name of Deceased	First	Middle	Last	DATE OF DEATH	Month	Day	Year
	Evelyn	L.	Smith	March 20, 1990			
2. Place of Death	City, Town or Location			Name of (If neither, give street address)			
County				Hosp. or			
Pasco	New Port richey			Inst. 203 Cardinal Drive			
3. Name of Medical Certifier	S. Lynn Broadfield, M. D.			<input checked="" type="checkbox"/> Physician	Address		813-847-3439 Phone Number
				<input type="checkbox"/> Medical Examiner	5341 Grand Blvd., New Port Richey, Fla 34652		
4. Funeral Home/ Direct Disposer	Name			Address		Phone Number (Area Code)	
	Morgan Funeral Home, Inc., 6025 Trouble Creek Road, Nwe Port Richey, Fla 34653			813-847-3999		34652	
5. Check Appropriate Box							
a	<input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.						
b	<input checked="" type="checkbox"/> Dr. Broadfield was contacted on 3-21-90 within 48 hours after death. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that she will complete and sign the medical certification of cause of death.						
c	<input type="checkbox"/> _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification.						
6. Funeral Director/ Direct Disposer	Signature			FE1476		March 21, 1990	
	George B. Morgan			Fla. Lic. No./Reg. No.		Date Signed	

B. BURIAL-TRANSIT PERMIT Permit No. 1049-3718

Permission is hereby granted to dispose of this body.

☒ A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted. If it cannot be filed within this time limit, a "Funeral Director/Direct Disposer Report" will be filed with the Local Registrar of the County in which death occurred.

☐ No extension of time for filing the death certificate requested.

Registrar or Sub-Registrar Signature Juan Z. Morgan Date Issued: March 21, 1990 Date Certificate Due: _____

C. AUTHORIZATION for CREMATION, DISSECTION or BURIAL-AT-SEA

Signature _____, Medical Examiner Date _____

or _____, gave authorization by telephone to _____

_____ Funeral Director/Direct Disposer. Date _____

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. CEMETERY OR CREMATORY

Method of Disposition: ☒ BURIAL ☐ STORAGE ☐ CREMATION ☐ OTHER (Specify)

Place of Disposition SWANBROOK LUMBER CEMETERY

Date of Disposition 3/26/90

Signature of Sexton or Person-in-Charge Bridget A. Hillman (Sexton)

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the County where disposition occurred.

**INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION
FOR BURIAL—TRANSIT PERMIT FORM**

Section A.

APPLICATION FOR PERMIT

1. Type or print name of deceased and date of death.
 2. Indicate place of death: County; City, Town or Location; hospital or institution (if not in hospital or institution, give street address).
 3. Indicate the name and address of the physician or Medical Examiner who you determine is to provide the medical certification of cause of death. (Name of a group practice, hospital staff, District Medical Examiner's office, will suffice.)
 4. Indicate name and address of funeral home or direct disposal establishment.
 5.
 - a. Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the Application for Burial—Transit Permit to the Local Registrar of the County in which death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)
 - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person whom you determine can speak for him/her. The name of a group practice, staff physician or a similar description may be substituted for the name of a specific physician.
 - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
 6. Requires signature of applicant, Florida License/Registration number, and date application signed.
-

Section B.

BURIAL—TRANSIT PERMIT

Provide permit number. If it is anticipated that the certificate cannot be filed within three (3) days from the date of death, five (5) additional days (exclusive of weekends) may be requested and granted by checking the box provided. If this time frame cannot be met, complete and file a copy of the Funeral Director/Direct Disposer Report with the Local Registrar in the County of death and send a copy to Quality Control, Office of Vital Statistics.

The Registrar or Sub-Registrar who grants the Burial—Transit Permit will sign and date the Permit Application. If it is not convenient for the Sub-Registrar to sign, it will be signed by the Local Registrar or his designee. (The signature of the Sub-Registrar on the Burial—Transit Permit need not be the same as the Sub-Registrar signature on the death certificate.) Section 382.061, Florida Statutes, requires that a Burial—Transit Permit be obtained prior to disposition or removal from the State and within 72 hours after death. It shall be mailed or delivered to the County Registrar of the County in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.)

Section C.

AUTHORIZATION for CREMATION, DISSECTION or BURIAL—AT—SEA

Approval for cremation/dissection or burial-at-sea must be authorized by the Medical Examiner. Space for his approval signature and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

Section D.

CEMETERY OR CREMATORY

Requires: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton); appropriate box checked to indicate method of disposition; date of disposition; place of disposition.



We certify this container contains the
Cremated Remains
of

Donna M. Boisse Spier

who died on

November 25, 2011

in the City, County, & State of

Orange City, Volusia, Florida

Your loved one was cremated on

RECEIVED
TOWN CLERK'S OFFICE
2012 JUN 26 A 8:45
SOUTHBOROUGH, MA

MS

12/1/11 60087-11-101 12708
Date Permit # Cremation Tag #

[Signature] December 1, 2011
Signed Date

Thank you for allowing us to serve your family.

I hereby certify that the cremated remains of Donna M. Boisse Spier
accompanying this permit was disposed of in accordance with its terms.

At Rural Cemetery Town Southborough, MA
on June 16, 2012 Final Disposition Sec. 2, Lot 28B, Grv#1A
Certified by [Signature]
Cemetery Supervisor

REMOVAL, TRANSIT AND BURIAL PERMIT

VS-9 Rev. 12/18/98

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HARTFORD, CT 06134-0308

PERMIT NO.
XXXXXXX

DATE ISSUED
8 / 16 / 2001

- 1 THIS PERMIT a. Is sufficient for the removal of a body to any town and also for interment; b. must accompany body and c. must be given to person in charge of cemetery and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.
- 2 THIS IS NOT a permit to cremate. For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.
- 3 This form must be returned to the REGISTRAR of the Town where the cemetery is located.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF Humphery Statter	WHO DIED AT Greenwich Hospital	ON 8 / 14 / 200
---	--	---------------------------

CAUSE OF DEATH

Cardiopulmonary Arrest

TEMPORARY DISPOSITION (LOCATION, ADDRESS, CITY, STATE AND TELEPHONE NUMBER) If body placed in receiving vault, give date.

FINAL DISPOSITION (Name and address of Cemetery or crematory) Burnett Burial Park, Southborough, MA			
BURIAL PLOT Lowell Lot	SECTION NO. Northwest	LOT NO. -	GRAVE NO. north of Julia
OTHER PLACE OF INTERMENT (Specify)			
ISSUED TO (Name of Funeral Director or Embalmer) Fred D. Knapp & Son		ADDRESS 267 Greenwich Ave. Greenwich, CT	IF EMBALMER, LICENSE NO. ----
Certificates required by state statute have been received and recorded. Body has been prepared in accordance with the Public Health Code.	SIGNED (Registrar of Vital Statistics) Sub. <i>[Signature]</i>		TOWN OF Greenwich
	THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE-NAMED CEMETERY (Sexton's Signature) <i>[Signature]</i>		TRANSIT PASTER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE BODY BURIED 9 / 22 / 01
SEXTON'S ENDORSEMENT			

COPY

<h2>Certificate of Cremation</h2> <p>BY FERNCLIFF CREMATORY HARTSDALE - WESTCHESTER COUNTY - NEW YORK</p>	
151794	08/17/01
Cremation No.	Cremation Date
<p>KNOW ALL MEN BY THESE PRESENTS, that</p> <p>HUMPHREY STATTER</p>	
<p>HAS BEEN CREMATED AT FERNCLIFF CREMATORY VANDALISM FEE COLLECTED</p>	
<p><i>[Signature]</i> Superintendent</p>	

RECEIVED
DISTRICT CLERK'S OFFICE☒ Place of Final Disposition
☐ Place of Death☐ Place Permit Issued
☐ Issuing Clerk - Retain Until
Endorsement Received

2011 FEB 25 A 10:17

SOUTHBOROUGH, MA

STATE OF MAINE

DEPARTMENT OF HEALTH AND HUMAN

PERMIT FOR DISPOSITION OF HUMAN REMAINS

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.) H. George Stevens III			2. DATE OF DEATH (Mo., Dy., Yr.) February 20, 2011		
3. SEX Male	4. AGE 74	5. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6. PLACE OF DEATH (City or Town) (State) Portland ME		
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Bibber Memorial Chapel 67 Summer Street, Kennebunk ME 04043			7b. FUNERAL ESTABLISHMENT LICENSE NUMBER H09011		
8. PERMISSION REQUESTED FOR (Check all that apply) <input checked="" type="checkbox"/> Removal from State			<input type="checkbox"/> Temporary Storage <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment		
9. AUTHORIZATION FOR PERMIT <input checked="" type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input checked="" type="checkbox"/> Medical Examiner's Release For Cremation, Removal from State, Burial At Sea, Use by Medical Science	<input type="checkbox"/> Application or Court Order for Disinterment <input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation		

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE
THE HUMAN REMAINS IDENTIFIED ABOVE

10. SIGNATURE OF CLERK OR (JAN) <i>Kathleen K. Jan</i>	10b. CITY OR TOWN Portland	10c. DATE SIGNED (Mo., Dy., Yr.) FEB 22 2011
11. SIGNATURE OF SUBREGISTRAR ➔	11b. CITY OR TOWN	11c. DATE SIGNED (Mo., Dy., Yr.)

DISPOSITION

<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	12. NAME OF CEMETERY OR VAULT		13. LOCATION (City or Town) (State)	
	15. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL ➔		16. DATE (Mo., Dy., Yr.)	
<input checked="" type="checkbox"/> REMAINS WERE: <input checked="" type="checkbox"/> BURIED <input type="checkbox"/> CREMATED <input type="checkbox"/> PLACED IN MAUSOLEUM <input type="checkbox"/> BURIED AT SEA <input type="checkbox"/> MEDICAL USE	16. NAME OF CEMETERY, CREMATORY, MEDICAL SCHOOL, OR OTHER DESTINATION Rural Cemetery		17. LOCATION (City or Town) (State) Southborough, MA	
	18. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON ➔ * <i>[Signature]</i>		19. DATE (Mo., Dy., Yr.) February 23, 2011	
<input checked="" type="checkbox"/> REMOVED FROM STATE	20. NAME OF CEMETERY, OTHER DESTINATION Rural Cemetery		21. LOCATION (City or Town) (State) Southborough, MA	
	22. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON ➔ * <i>[Signature]</i>		23. DATE (Mo., Dy., Yr.) February 23, 2011	
DISPOSITION OF CREMAINS:	24. <input type="checkbox"/> Buried <input type="checkbox"/> To Family <input type="checkbox"/> Scattered	25. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT		26. DATE (Mo., Dy., Yr.)
	27. NAME OF CEMETERY OR VAULT		28. LOCATION (City or Town) (State)	
<input type="checkbox"/> REMAINS WERE DISINTERRED	29. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL ➔		30. DATE (Mo., Dy., Yr.)	

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.



State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

Continued
2784-611312

A. (TYPE)

1. Name of Deceased	First LEONARD	Middle	Last STRAUBE	Date of Death	Month 3	Day 28	Year 2005
2. Place of Death	County Sarasota	City, Town or Location Venice	Name of (If neither, give street address) Hosp. or Inst. Venice Regional Medical Center				
3. Name of Medical Certifier	Joseph Noah, M.D. <input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician		Address 706 The Rialto Venice, FL 34285		Phone Number 941-885-1505		
4. Name of Funeral Home/Direct Disposal Establishment	National Cremation Society		Address 777 So. Palm Avenue, #5 Sarasota, FL 34236		Fla. Lic. No./Reg. No. KA549	Phone No. (Area Code) 941-366-9080	
5. Check Appropriate Box	a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.						
	b. <input checked="" type="checkbox"/> Tammy @ doctors office was contacted on 3-28-2005 He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that Dr. Noah will complete and sign the medical certification of cause of death within 72 hours.						
	c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____ Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.						
6. Funeral Director/Direct Disposer	Signature <i>[Signature]</i>		F.E. No./Reg. No. KA549		Date Signed 3-28-2005		

B. **BURIAL - TRANSIT PERMIT**

Permission is hereby granted to dispose of this body. Permit No. **380-05-0221**

☒ A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

☒ No extension of time for filing the death certificate has been requested.

Registrar or Subregistrar Signature *[Signature]* Date Issued: **3-28-2005** Date Certificate Due: **4-8-05**

C. **AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA**

Approval Number: **2005-1560** Date: **4-4-05**

Medical Examiner, **Hannah @ Medical Examiners**, gave authorization by telephone to **Chantal Wilson** Funeral Director/Direct Disposer. Date: **4-4-05**

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. **FOR FUNERAL DIRECTOR/DIRECT DISPOSER USE ONLY**

1. Date Burial-Transit Permit (pink copy) was filed with Local Registrar: _____

2. Date Temporary Certificate was filed with Local Registrar: _____

3. Date Permanent Certificate was filed with Local Registrar: _____

4. Follow-up efforts & activities (Note parties & dates contacted): _____

5. Name and place of disposition: _____

6. Funeral Director/Direct Disposer Report Filed: Yes ☐ No ☐ Date Filed: _____

I hereby certify that the cremated remains of Leonard Straube were buried at Rural Cemetery in Southborough, MA Location in grave 61 of Section G on May 20, 2005.

FUNERAL DIRECTOR/DIRECT DISPOSER COPY

[Signature]
Bridget A. Gilleney-DeCenzo

22520

RECEIVED
SOUTHBOROUGH TOWN CLERK

0000595537

Form R-309 07012014

Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**State File # **6 P 1: 53**

2021 053406

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	SULLIVAN , BARBARA JANE		
	Place of Death	184 CORDAVILLE ROAD, SOUTHBOROUGH, MA		
	Date of Death	NOVEMBER 08, 2021	Date of Birth	JUNE 15, 1940
	Sex	FEMALE		
	Residence	184 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
	Branch of military (most recent)	Rank/organization/outfit (most recent)		
	Date entered (most recent)	Date Discharged (most recent)	Service Number (most recent)	
	Certifier	CONNIE DREXLER, MD		Lic # 71130
	Addr.	112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532		
	Immediate Cause of Death	RESPIRATORY FAILURE		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee	PHILLIP R. SHORT	Lic # 50881
	Facility	SHORT & ROWE FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition NOVEMBER 11, 2021
	Place/Address	ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking #	053406
	Date	NOVEMBER 12, 2021
	Local Permit #	E-PERMIT
	Date	---
	Name of Agent	---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
	All Faiths Crematory Worcester		X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:
	Cremation	11/16/2021	Paul A. Druin

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST HELEN		1B. MIDDLE AGNES		1C. LAST TORTORA	
2. SEX F	3. DATE OF BIRTH (MONTH, DAY, YEAR) 11/10/1923	4. DATE OF DEATH (MONTH, DAY, YEAR) 10/17/2016		5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)	
6A. CITY OF DEATH FULLERTON			6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE ORANGE		
7A. NAME OF INFORMANT JOSEPH TORTORA		7B. RELATIONSHIP TO DECEDENT SON		8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE MCAULAY & WALLACE MORTUARY 902 N HARBOR BLVD, FULLERTON, CA 92832	
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 4414 VIA EL MOLINO, YORBA LINDA, CA 92886				8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD190	
<p>ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.</p> <p>PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.</p>					
10A. AMOUNT OF FEE PAID \$ 12.00		10B. DATE PERMIT ISSUED 10/19/2016		10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ERIC G. HANDLER, M.D.	
10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA ORANGE HEALTH DEPARTMENT 1200 NORTH MAIN STREET, SUITE 100-A SANTA ANA, CA 92701			10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D --		
11. AUTHORIZED DISPOSITION(S) CREMATION/TRANSIT				FOR CORONER'S USE ONLY	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY RURAL CEMETERY 11 Cordaville Rd Southborough, MA 01772	12B. DATE BURIED April 19, 2017	12C. INTERMENT NUMBER—IF APPLICABLE SERIAL OF CREMATED REMAINS
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING Eric G. Handler	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY MACERA CREMATORY 1020 FULLER SANTA ANA, CA. 92701	13B. DATE CREMATED 10-26-16	13C. CREMATION NUMBER—IF APPLICABLE 5292
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION cl	
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	14B. DATE RECEIVED	
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY -	
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED SOUTHBOROUGH RURAL CEMETERY SOUTHBOROUGH, MA 01772	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER -	15D. DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL -	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 — ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.

COPY 2 — RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 — RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.

COPY 4 — RETAINED BY REGISTRAR ISSUING THE PERMIT.

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

INSTRUCTIONS FOR COPY DISTRIBUTION

- COPY 1** ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.
- COPY 2** RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
- COPY 3** RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.
- COPY 4** RETAINED BY THE REGISTRAR ISSUING THE PERMIT. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7054.7, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BUREAU. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESPERSON'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DESIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. A STATE OR LOCAL AGENCY MAY ADOPT AN ORDINANCE, REGULATION, OR POLICY, AS APPROPRIATE, AUTHORIZING, CONSISTENT WITH THIS SECTION, OR SPECIFICALLY PROHIBITING, THE SCATTERING OF CREMATED HUMAN REMAINS ON LANDS UNDER THE AGENCY'S JURISDICTION. THE SCATTERING OF THE CREMATED REMAINS OF MORE THAN ONE PERSON IN ONE LOCATION PURSUANT TO THIS SECTION SHALL NOT CREATE A CEMETERY PURSUANT TO SECTION 7003 OR ANY OTHER PROVISION OF LAW. (HEALTH AND SAFETY CODE SECTION 7116.)

Certificate of Cremation
BY THE
OCCOHANNOCK CREMATORY, INC.

RECEIVED
TOWN CLERK'S OFFICE

2012 MAY 30 P 1:05

SOUTHBOROUGH, MA

This Certifies That THE REMAINS OF DAVID ERNEST TAYLOR

AGED 75 **, WAS CREMATED AT THE OCCOHANNOCK CREMATORY,**

July 19, 1997 **AND THESE ARE THE INCINERATE**
REMAINS OF SAID BODY.

DATE OF DEATH July 17, 1997

REGISTERED NO. 97-1953


AUTHORIZED SIGNATURE

I hereby certify that the cremated remains accompanying this permit
was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA

on May 18, 2012

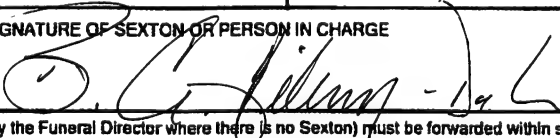
Final Disposition Sec. I Gvy#260AB

Certified by


Cemetery Supervisor

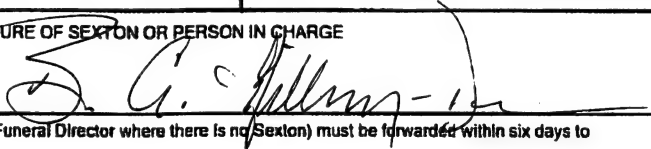
PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT			1. BURIAL PERMIT NO. 1571070	
			2. CITY OR TOWN CONCORD	
3. DECEDENT'S NAME (First, Middle, Last) JOHN CLIFFORD TELLER			4. SEX MALE	5. DATE OF DEATH (Month, Day, Year) MAY 24, 2014
6. AGE 83 Years	7. DATE OF BIRTH (Month, Day, Year) JULY 2, 1930	8. CITY, TOWN, OR LOCATION OF DEATH CONCORD		9. COUNTY OF DEATH MERRIMACK
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other):				CODE: 3
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) PHANEUF CREMATORIUM				
12. LOCATION (City/Town, State) MANCHESTER, NH				
13. DATE OF DISPOSITION (Refer to 19a) MAY 28, 2014				
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL				
15. LOCATION OF FINAL DISPOSITION (City/Town, State)				
16. FUNERAL DIRECTOR MICHAEL A FLYNN				
17. N.H. LIC. NUM ONLY 869				
18. NAME AND LOCATION OF FACILITY (City/Town, State) PHANEUF FUNERAL HOMES AND CREMATORIUM, MANCHESTER, NH				
19. COUNTER SIGNED AGENT (City Board of Health/Sub-Register if app.) MICHELE M PHANEUF PLASZ			20. CITY/TOWN CONCORD	21. DATE ISSUED (Month, Day, Year) MAY 27, 2014
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Burial of cremated remains		28. DATE OF DISPOSITION (Month, Day, Year) October 16, 2015		29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA
30. SECTION 13-East Lot - 25west	31. GRAVE NO. 2A Companion Urn	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT			1. BURIAL PERMIT NO	
			2. CITY OR TOWN	
3. DECEDENT'S NAME (First, Middle, Last) VIRGINIA G TELLER			4. SEX FEMALE	5. DATE OF DEATH (Month, Day, Year) JUNE 17, 2010
6. AGE 76 Years	7. DATE OF BIRTH (Month, Day, Year) MARCH 29, 1934	8. CITY, TOWN, OR LOCATION OF DEATH FRANKLIN		9. COUNTY OF DEATH MERRIMACK
10. METHOD OF DISPOSITION (1.Burial 2.Temp. Entombment 3. Cremation 4.Donation 5. Mausoleum 6.Other):				CODE: 3
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) PHANEUF CREMATORIUM				
12. LOCATION (City/Town, State) MANCHESTER, NH				
13. DATE OF DISPOSITION (Refer to 19a) JUNE 22, 2010				
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL KEPT BY FAMILY				
15. LOCATION OF FINAL DISPOSITION (City/Town, State) CANTERBURY, NH				
16. FUNERAL DIRECTOR MARK P GOMES				
17. N.H. LIC. NUM ONLY 093				
18. NAME AND LOCATION OF FACILITY (City/Town, State) PHANEUF FUNERAL HOMES AND CREMATORIUM, MANCHESTER, NH				
19. COUNTER SIGNED AGENT(City Board of Health/Sub-Register if app.) MICHELE M PHANEUF PLASZ		20. CITY/TOWN FRANKLIN		21. DATE ISSUED (Month, Day, Year) JUNE 23, 2010
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Burial of cremated remains		28. DATE OF DISPOSITION (Month, Day, Year) October 16, 2015		29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA
30. SECTION 13-East Lot - 25west	31. GRAVE NO. 2A Companion Urn	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				



State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

A. (TYPE)

1. Name of Deceased	First Ralph	Middle S.	Last Trethewey	Date of Death	Month November	Day 10,	Year 2006
2. Place of Death	City, Town or Location Palmetto			Name of (If neither, give street address) Hosp. or Inst. 8268 47th St. Circle E.			
3. Name of Medical Certifier	Camilio Cabrera <input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician			Address 3501 Cortez Road West Bradenton, FL 34210		Phone Number 752-2800	
4. Name of Funeral Home/Direct Disposal	Establishment Brown & Sons Funeral Homes			Address 5624 26th St. W. Bradenton, FL 34207		Fla. Lic. No./Reg. No. 997	Phone No. (Area Code) 941-758-7788
5. Check Appropriate Box	a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.						
	b. <input checked="" type="checkbox"/> Susan at Dr. Cabrera's office was contacted on 11/13/06 He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that he will complete and sign the medical certification of cause of death within 72 hours.						
	c. <input type="checkbox"/> was contacted on He/she verified that, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.						
6. Funeral Director/Direct Disposer	Signature <i>Allen D. Boulevard</i>			F.E. No./Reg. No. 3559		Date Signed 11/13/06	

B. **BURIAL - TRANSIT PERMIT**

Permission is hereby granted to dispose of this body. Permit No. 997-8481

☐ A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

☒ No extension of time for filing the death certificate has been requested.

Registrar or Subregistrant Signature *Lee Brown Suh* Date Issued: 11/13/06 Date Certificate Due: 11/15/06

C. **AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA**

Approval Number: Date

Medical Examiner, gave authorization by telephone to Funeral Director/Direct Disposer. Date

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. **CEMETERY OR CREMATORY** Southborough Rural Cemetery
Southborough, MA

Method of Disposition: Place of Disposition

☒ BURIAL ☐ STORAGE Date of Disposition November 16, 2006
Sec. 1A, Lot D, Grv#2

☐ CREMATION ☒ OTHER (Specify) Removal from State

Signature of Sexton or Person-in-Charge *David C. Williams*

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR BURIAL-TRANSIT PERMIT FORM

APPLICATION FOR PERMIT

Section A.

1. **Type name of deceased and date of death.**
2. **Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).**
3. **Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.**
4. **Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.**
5.
 - a. **Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)**
 - b. **Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.**
 - c. **Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.**
6. **Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.**

BURIAL-TRANSIT PERMIT

Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

CEMETERY OR CREMATORY

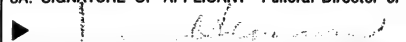
Section D.


Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS


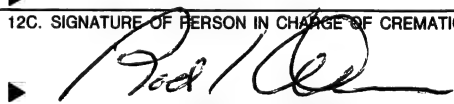



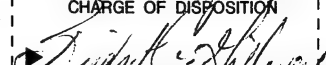
1A. NAME OF DECEDENT—FIRST (GIVEN) Mary	1B. MIDDLE Josephine	1C. LAST (FAMILY) Van Meter	2. DATE OF BIRTH MONTH DAY YEAR 3-15-08	3. DATE OF DEATH MONTH DAY YEAR 1-17-90	4. SEX FE
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Peter W Van Meter-son 4 Cloud View Circle Sausalito, Ca 94965	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NEPTUNE SOCIETY 14065 Hwy 8 Bus El Cajon, Ca			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F-1352		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such 	8B. DATE SIGNED 1-17-90
-----------------------------	--	--	-----------------------------------

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 4.00	9B. DATE PERMIT ISSUED JAN 24 1990	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 San Diego, Ca 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input checked="" type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING </div>
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY n/a	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT 
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY LENEDA INC 14065 Hwy 8 Bus El Cajon, Ca	12B. DATE CREMATED 1/25/90	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION 
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED Walter Davis-Supt of Cemeteries PO Box 165 Southboro, MA 01772	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT 
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION St Mark's Church Southboro, MA 01772 	15B. DATE OF DISPOSITION 1/14/90	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7054.7, 7117, 10376 AND 10376.5.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DESIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS SHALL NOT BE SCATTERED OVER INLAND WATERS OR OVER LAND UNLESS IN A DEDICATED CEMETERY IN A GARDEN AREA USED EXCLUSIVELY FOR SUCH PURPOSES.

TRANSIT COPY
 (This copy must accompany
 body to final destination)

STATE OF ARIZONA
 DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
DISPOSAL - TRANSIT PERMIT

Paul J. Berry
 REGISTRAR'S FILE NO. 2448
 Paul J. Berry, Town Clerk

IDENTIFICATION OF DECEASED	NAME OF DECEASED 1. Pansy M. Vatcher			SEX 2. Female	AGE 3. 93	RACE/ETHNICITY 4. White
	DATE OF DEATH 5. April 5, 2003		PLACE OF DEATH 6. Mountain View Care Center Tucson Pima Arizona			
	CAUSE OF DEATH (MUST BE COMPLETED IF BODY IS SHIPPED OUT OF STATE, MOVED BY COMMERCIAL CARRIER, OR A DEATH FROM CERTAIN DISEASES)					
	7.					
MANNER AND PLACE OF DISPOSITION	<input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL 8. of Cremains		FUNERAL HOME 9. BRING FUNERAL HOME, INC. 10. <i>Rocky Carr</i> 11. 11/10/2004			
	PLACE OF BURIAL OR OTHER DISPOSITION 12. Southboro Rural Cemetery		CITY AND STATE Southboro, Massachusetts			
	13. IN ACCORDANCE WITH THE LAWS OF THIS STATE AND THE REGULATIONS OF THE STATE DEPARTMENT OF HEALTH PERTAINING TO DEATH CERTIFICATES AND THE HANDLING OF DEAD HUMAN REMAINS, AUTHORIZATION IS HEREBY GIVEN TO DISPOSE OF THIS BODY IN THE MANNER INDICATED.					
	REGISTRAR'S SIGNATURE 14. <i>Nancy J. Wright, Deputy</i>		REG. DISTRICT 15. 1004	DATE SIGNED 16. Nov. 10, 2004		
DISPOSITION OF BODY	BODY WAS: <input checked="" type="checkbox"/> BURIED cremains <input type="checkbox"/> CREMATED <input type="checkbox"/> OTHER		CEMETERY OR CREMATORY 17. Rural Cemetery 11 Cordaville Rd., Southborough, MA 01772			
	DATE OF DISPOSITION 19. 12/16/04		CEMETERY MANAGER'S SIGNATURE 20. <i>Frankie Deluca</i>			
	DATE RCVD IN STATE OFFICE 21.		REGISTRAR'S SIGNATURE 22 A. <i>Paul J. Berry</i> TITLE 22 B.			



Received and filed in the Office of the Town Clerk Jan. 8, 2008 1:00pm

State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

Paul J. Berry

A. (TYPE) Paul J. Berry, Town Clerk

1. Name of Deceased First Middle Last Date of Death
BARBARA VILLA December 16, 2007

2. Place of Death City, Town or Location Name of (If neither, give street address)
County Palm Beach Delray Beach Hosp. or Inst. Delray Medical Center

3. Name of Medical Certifier Dr. Hospice - Delray Address 5360 Linton Boulevard, Delray Beach, FL 33484 Phone Number (561) 637-5180
☐ Medical Examiner ☒ Physician

4. Name of Funeral Home/Direct Disposal Establishment Address 1495 North West 17th Avenue Miami, FL 33125-2347 Fla. Lic. No./Reg. No. 9002068 Phone No. (Area Code) (305) 325-1171
Florida Funeral Home &

5. Check Appropriate Box
a. ☐ The medical certification has been completed and signed. A completed certificate of death accompanies this application.
b. ☒ *Delicia* was contacted on *Dec 17 @ 11:04am*
He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that *A Hospice Physician* will complete and sign the medical certification of cause of death within 72 hours.
c. ☐ was contacted on He/she verified that, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.

6. Funeral Director/Direct Disposer Signature *[Signature]* F.E. No./Reg. No. *FD26901* Date Signed *12/17/07*
9002068-1161

B. BURIAL - TRANSIT PERMIT
Permission is hereby granted to dispose of this body. Permit No. _____
☒ A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.
☐ No extension of time for filing the death certificate has been requested.
Registrar or Subregistrant Signature *[Signature]* Date Issued *12/17/07* Date Certificate Due *12/29/07*

C. AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA
Approval Number: _____ Date _____
Medical Examiner, _____, gave authorization by telephone to _____ Funeral Director/Direct Disposer. Date _____
The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. CEMETERY OR CREMATORY
Method of Disposition: BURIAL ☐ STORAGE ☐ CREMATION ☐ OTHER (Specify) _____
Place of Disposition Southborough Rural Cemetery Southborough, MA
Date of Disposition December 19, 2007
Sec. H, Grv#170
Signature of Sexton or Person-in-Charge *[Signature]*

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

**INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION
FOR BURIAL-TRANSIT PERMIT FORM**

APPLICATION FOR PERMIT

Section A.

1. **Type name of deceased and date of death.**
2. **Indicate place of death: County; City, Town, or Location; Hospital or institution (if not in hospital or institution, give street address).**
3. **Indicate the name, address, and telephone number of the Medical Examiner or physician who is to provide the medical certification of cause of death.**
4. **Indicate name, address, telephone number, and license number of funeral home or direct disposal establishment.**
5.
 - a. **Check if a completed death certificate, including the completed and signed medical certification of cause of death, accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.)**
 - b. **Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate, and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.**
 - c. **Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.**
6. **Requires the signature of applicant Funeral Director, FE License number, or Direct Disposer, Registration Number, and the date the Application was signed.**

BURIAL-TRANSIT PERMIT

Section B.

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) days after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

AUTHORIZATION FOR CREMATION, DISSECTION, or BURIAL-AT-SEA

Section C.

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL.)

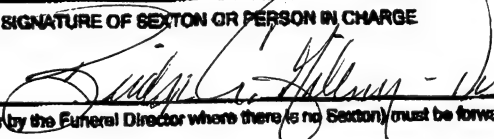
CEMETERY OR CREMATORY

Section D.

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton.); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in space provided

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1, 12/2010

STATE OF NEW HAMPSHIRE			1. BURIAL PERMIT NO	
BURIAL TRANSIT PERMIT			2. CITY OR TOWN RECEIVED TOWN CLERK'S OFFICE	
3. DECEDENT'S NAME (First, Middle, Last) <i>Elaine Walker</i>			4. SEX <i>F.</i>	5. DATE OF DEATH (Month, Day, Year) <i>11/20/2015 8:46</i>
6. AGE <i>65</i>	7. DATE OF BIRTH (Month, Day, Year) <i>7/7/1950</i>	8. CITY, TOWN, OR LOCATION OF DEATH <i>Concord</i>		9. COUNTY OF DEATH <i>Merrimack</i>
10. METHOD OF DISPOSITION (1. Burial 2. Temp. Entombment 3. Cremation 4. Donation 5. Mausoleum 6. Other):				CODE: <i>I Burial</i>
11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <i>Rural Cemetery</i>				
12. LOCATION (City/Town, State) <i>Southborough, MA.</i>				
13. DATE OF DISPOSITION (Refer to 18a) <i>11/24/2015</i>				
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL				
15. LOCATION OF FINAL DISPOSITION (City/Town, State)				
16. FUNERAL DIRECTOR <i>CARL A MICHAUD</i>				17. N.H. LIC. NUM ONLY <i>843</i>
18. NAME AND LOCATION OF FACILITY (City/Town, State) <i>MICHAUD FUNERAL HOME LLC, WILTON, NH</i>				
19. COUNTER SIGNED AGENT (City Board of Health/Sub-Register if app.) <i>CARL A MICHAUD</i>			20. CITY/TOWN <i>Concord</i>	21. DATE ISSUED (Month, Day, Year) <i>11/23/2015</i>
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)		24. CITY/TOWN, STATE
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
27. TYPE OF DISPOSITION (Cremated, buried, etc.) <i>Full Earth Burial</i>		28. DATE OF DISPOSITION (Month, Day, Year) <i>11/24/2015</i>		29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) <i>Rural Cemetery Southborough, MA 01772</i>
30. SECTION <i>B-West, Lot 39</i>	31. GRAVE NO. <i>Grv#6</i>	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 		
<p>This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.</p>				

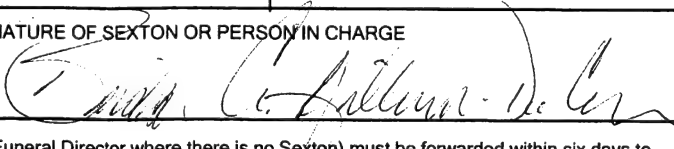
PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

FORM BT-1. 1/96

RECEIVED
TOWN CLERK'S OFFICE

2010 DEC -1 A 8:20

SOUTHBOROUGH, MA

STATE OF NEW HAMPSHIRE BURIAL TRANSIT PERMIT			1. BURIAL PERMIT NO 2. CITY OR TOWN	
3. DECEDENT'S NAME (First, Middle, Last) ROBERT L WALKER II			4. SEX MALE	5. DATE OF DEATH (Month, Day, Year) NOVEMBER 03, 2010
6. AGE 52 Years	7. DATE OF BIRTH (Month, Day, Year) SEPTEMBER 06, 1958	8. CITY, TOWN, OR LOCATION OF DEATH EXETER		9. COUNTY OF DEATH ROCKINGHAM
10. METHOD OF DISPOSITION: 1. Burial 2. Temp. Entombment 3. Cremation 4. Donation 5. Mausoleum 6. Other CODE: 3		11. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) RURAL CREM		12. LOCATION (City/Town, State) WORCESTER, MA
		13. DATE OF DISPOSITION (Refer to 19a) NOVEMBER 08, 2010		
14. IF ENTOMBED (OR CREMATED) PLACE OF FINAL BURIAL			15. LOCATION (City/Town, State)	
A CERTIFICATE OF DEATH, HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THIS STATE, PERMISSION IS HEREBY GIVEN TO:				
16. FUNERAL DIRECTOR NANCY G MORRIS		17. N.H. LIC. NO ONLY 000	18. NAME AND LOCATION OF FACILITY (City/Town, State) MORRIS FUNERAL HOME, SOUTHBOROUGH, MA	
19. COUNTERSIGNED AGENT (CITY BOARD OF HEALTH/SUB-REGISTER if app.) ROBERT K GRAY JR		20. CITY/TOWN EXETER	21. DATE ISSUED (Month, Day, Year) NOVEMBER 04, 2010	
CEMETERY OR STORAGE VAULT AUTHORITY SHALL FILE OUT SPACE BELOW				
22. IF STORED, BODY WAS PLACED IN (Name of Storage Vault)		23. DATE STORED (Month, Day, Year)	24. CITY/TOWN, STATE	
25. SIGNATURE OF SEXTON OR PERSON IN CHARGE OF STORAGE VAULT			26. DATE ISSUED (Month, Day, Year)	
CEMETERY OR CREMATOR AUTHORITY SHALL FILE OUT SPACE BELOW				
27. TYPE OF DISPOSITION (Cremated, buried, etc.) Burial of cremated remains		28. DATE OF DISPOSITION (Month, Day, Year) 11/15/2010	29. NAME AND LOCATION OF CEMETERY OR VAULT (City/Town, State) Rural Cemetery Southborough, MA	
30. SECTION Sec.9, Lot9C	31. GRAVE NO. 4A	32. SIGNATURE OF SEXTON OR PERSON IN CHARGE 		
This permit, after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the clerk of the town in which the disposition takes place.				



The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

94 3047 ✓

STATE USE ONLY	
4a PLACE	
4c HOSP.	
5 TYPE	
7 VET.	
8 HISP	RACE
9 EDUC.	
10 AGE	
11 NATIVITY	
12 MARITAL	
15 RESID.	
15 OUT-STATE	
23 DISP.	
31-32	AUTOP.
13 MED EXAM	
34 MANNER	
35C WORK INJ	
35F PLACE	
36-37 CERT	
40A RN PRO	

N287.94

DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

DECEDENT - NAME FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)	
1 Stanley		G.		Walker		2 Male	November 22, 1994	
PLACE OF DEATH (City/Town)		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)				
4a Worcester		4b Worcester		4c 56 Fruit Street				
PLACE OF DEATH (Check only one): HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)						SOCIAL SECURITY NUMBER		IF US WAR VETERAN SPECIFY WAR
5						6 031-22-9130		7 WW 2
WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES 8a Specify:				RACE (e.g. White, Black, American Indian, etc.) (Specify): 8b White		DECEDENT'S EDUCATION (Highest Grade Completed) Elem/Sec (0-12) College (1-4, 5+) 9		
AGE - Last Birthday (Yrs.) 10a 81		UNDER 1 YEAR MOS DAYS b		UNDER 1 DAY HOURS MINS c		DATE OF BIRTH (Mo., Day, Yr.) 10d Feb. 3, 1913		BIRTHPLACE (City and State or Foreign Country) 11 Worcester, Massachusetts
MARRIED, NEVER MARRIED WIDOWED OR DIVORCED 12 Married		LAST SPOUSE (If wife, give maiden name) 13 Gladys S. Budelman		USUAL OCCUPATION (Prior - If retired) 14a Attorney		KIND OF BUSINESS OR INDUSTRY 14b Self Employed		
RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY 15a 56 Fruit Street; Worcester; Worcester Co; Massachusetts						ZIP CODE 15b 01609		
FATHER - FULL NAME 16 Fred A. Walker		STATE OF BIRTH (If not in US, name country) 17 Mass.		MOTHER - NAME (GIVEN) (MAIDEN) 18 Irene Goddard		STATE OF BIRTH (If not in US, name country) 19 Mass.		
INFORMANT'S NAME 20 Mrs. Stanley Walker		MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE 21 56 Fruit St; Worcester, Massachusetts 01609						RELATIONSHIP 22 Wife
METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE 23 <input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC:		FUNERAL SERVICE LICENSEE 24 Thomas H. Hays		LICENSE # 25 4886				
PLACE OF DISPOSITION (Name of Cemetery, Crematory or other) 26a Rural Cemetery		LOCATION (City/Town, State) 26b Southborough, Mass.						
DATE OF DISPOSITION (Mo., Day, Yr.) 27 Nov. 26, 1994		NAME AND ADDRESS OF FACILITY 28a/b Leland-Hays F.H.Inc; 56 Main St, Northborough, Mass.						
29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY.								Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Pneumonia								Days
b. _____								
c. _____								
d. _____								
PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.								
30 WAS CASE REFERRED TO M.E.? (Yes or No) 31 No		34 MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> PENDING INVESTIGATION		DATE OF INJURY (Mo., Day, Yr.) 35a		TIME OF INJURY 35b M		INJURY AT WORK (Yes or No) 35c
DESCRIBE HOW INJURY OCCURRED 35d		PLACE OF INJURY - At home, farm, street, factory, office bldg., etc. Specify: 35e		LOCATION (No. & St., City/Town, State) 35f				
36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) Peter C. Ladd MD		DATE SIGNED (Mo., Day, Yr.) 36b November 22, 1994		HOUR OF DEATH 36c 8:00 AM		37a On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 37b PRONOUNCED DEAD (Mo., Day, Yr.) 37d		
NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER 36d Fred Georgian		NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) 38 Peter C. Ladd MD 141 May Street Worcester Massachusetts		WAS THERE AN R.N. PRONOUNCEMENT? Yes or No 40a No		IF YES, DATE PRONOUNCED 40b		IF YES, TIME PRONOUNCED 40c M
NAME OF PRONOUNCING REGISTERED NURSE 40d		NAME 40e		LICENSE NO. OF CERTIFIER 39 53823				
DATE BURIAL PERMIT ISSUED: Nov 23 1994		RECEIVED IN THE CITY/TOWN OF: WORCESTER		DATE OF RECORD NOV. 25, 1994				
SIGNATURE - BD. OF HEALTH AGENT 41		CLERK'S SIGNATURE 42		43				

BLACK INK ONLY

REMOVAL, TRANSIT AND BURIAL PERMIT

VS-9 Rev. 12/18/98

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HARTFORD, CT 06134-0308

10 / 09 2001

1. THIS PERMIT: a. is sufficient for the removal of a body to any town and also for interment; b. must accompany body and c. must be given to person in charge of cemetery and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.
2. THIS IS NOT a permit to cremate. For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.
3. This form must be returned to the REGISTRAR of the Town where the cemetery is located.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF		WHO DIED AT		ON
Edith M. Ward		Avon Health Center		10 / 07 2001
CAUSE OF DEATH Respiratory Failure				
TEMPORARY DISPOSITION (LOCATION, ADDRESS, CITY, STATE AND TELEPHONE NUMBER) If body placed in receiving vault, give date.				
FINAL DISPOSITION (Name and address of cemetery or crematory) Southborough Rural Cemetery, Southborough, MA				
BURIAL PLOT Ward	SECTION NO. 12 west	LOT NO. 60	GRAVE NO. 2A	OTHER PLACE OF INTERMENT (Specify)
ISSUED TO (Name of Funeral Director or Embalmer) Richard J. Vincent		ADDRESS Tpke, Canton, CT Vincent Funera Home, 120 Albany		IF EMBALMER, LICENSE NO. 2315
Certificates required by state statute have been received and recorded. Body has been prepared in accordance with the Public Health Code.		SIGNED (Registrar of Vital Statistics) Betty G. March, Asst. Avon		TRANSIT PASTER <input type="checkbox"/> YES <input type="checkbox"/> NO
SEXTON'S ENDORSEMENT		THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE NAMED CEMETERY (Sexton's Signature) [Signature]		DATE BODY BURIED CREMATED 10 / 20 / 01

COPY

Farmington Valley Crematory
120 Albany Turnpike
Canton, CT 06019

No. 0457

Date October 10, 2001

This certifies that

Edith Ward

has been cremated at Farmington Valley Crematory by authority of the cremation permit as issued by the local Board of Health.

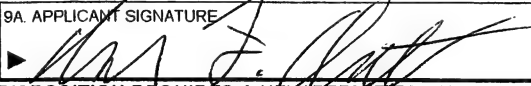
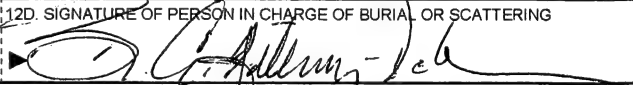
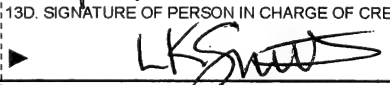
Farmington Valley Crematory

Superintendent

[Signature]

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST ROSETTA		1B. MIDDLE R.	1C. LAST WATSON	
2. SEX F	3. DATE OF BIRTH (MONTH, DAY, YEAR) 12/07/1924	4. DATE OF DEATH (MONTH, DAY, YEAR) 12/03/2011		5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
6A. CITY OF DEATH SAN LUIS OBISPO		6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN LUIS OBISPO		
7A. NAME OF INFORMANT BARBARA WATSON		7B. RELATIONSHIP TO DECEDENT DAUGHTER	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON IN CHARGE OF DISPOSITION—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE WHEELER-SMITH MORTUARY 2890 S. HIGUERA SAN LUIS OBISPO, CA 93401	
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE PO BOX 811 SAN LUIS OBISPO, CA 93406			8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD374	
ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.		9A. APPLICANT SIGNATURE 		9B. DATE SIGNED 12/08/2011
PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.				
10A. AMOUNT OF FEE PAID \$ 11.00	10B. DATE PERMIT ISSUED 12/13/2011	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT PENNY BORENSTEIN, MD		
10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA SAN LUIS OBISPO HEALTH DEPT. PO BOX 1489 SAN LUIS OBISPO, CA 93406		10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D --		
11. AUTHORIZED DISPOSITION(S) CR/TR/BU			FOR CORONER'S USE ONLY	
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Rural Cemetery 11 Cordaville Rd. Southborough, MA 01772	12B. DATE BURIED Jan. 30, 2012	12C. INTERMENT NUMBER—IF APPLICABLE Sec. 11, Lot 44, Grv#1B	
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING 		
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY WHEELER-SMITH CREMATORY, 2890 S. HIGUERA, SAN LUIS OBISPO, CA 93401	13B. DATE CREMATED 12/13/2011	13C. CREMATION NUMBER—IF APPLICABLE 02214	
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 		
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED	14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MA 01772	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	15D. DATE SHIPPED	
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL		

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

**Town of Southborough
Rural Cemetery**

Application for Removal of Remains

We the undersigned hereby requests and authorizes Rural Cemetery in Southborough
Massachusetts, subject to its Rules and Regulations, to remove from Grave No. 2
Lot No.43 N.E Section B-West on the 16th day of NOVEMBER 2006 the
remains
of Maddison Roseanne Webster who was delivered a previable fetus at
New England Medical Center on November 6th 2001. An official permit will generated
by the Town of Southborough for the removal from Rural Cemetery and interment at
Saint Luke's Cemetery in Westborough Massachusetts.

We hereby certify that we are the Parents of the above named descendent and that this
is your authority to make disposition of the remains of the said descendent as above
indicated. We hereby certify and represent that we have the legal right to make this
authorization and agree to hold the Town of Southborough and it's Rural Cemetery
harmless from any liability on account of such authorization and removal.

Signed [Signature]

Lynn Webster (mother)

Signed [Signature]

Scott Webster (Father)

Address 37 ROBIN ROAD Westborough, MA 01581

Signed Funeral Director

[Signature]
Barry Dennis

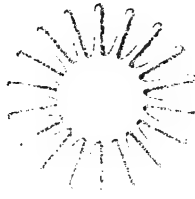
Britton-Summers Funeral Home Inc.
4 Church Street
Westborough, MA 01581

COPY

***THIS FORM MUST BE NOTARIZED.**

Subscribed and sworn to before me, in my
presence, this thirteenth day of November,
2006, a notary public in and for the state
of Massachusetts, county of Worcester.
Margaret R. Desrosier
Notary
My commission expires 2-2-12

New England Medical Center
A Lifespan Partner



TUFTS UNIVERSITY
SCHOOL OF MEDICINE

Britton Sumners Funeral Home
4 Church Street
Westborough, ma. 01581

Mary Jo Brown
Director of Admitting Services
New England Medical Center
750 Washington Street
Boston, Ma. 02111

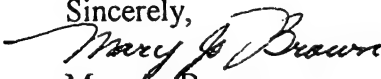
November 8, 2001

Dear Sir,

Please be advised that Mrs. Lynn Webster delivered a previable fetus at New England Medical Center on November 6, 2001. The circumstances do not require a certificate of fetal death.

If you should have any questions I can be reached at 617-636-6000.

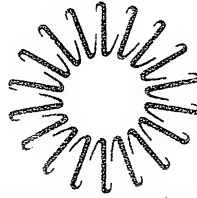
Sincerely,


Mary Jo Brown

COPY

Re: Lynn Webster
37 Robin Road
Westborough, Ma. 01581

New England Medical Center
A Lifespan Partner



TUFTS UNIVERSITY
SCHOOL OF MEDICINE

Received and filed in the Office of the Town Clerk Nov. 16, 2006 10:am

Paul J. Berry
Paul J. Berry
Town Clerk

Britton Summers Funeral Home
4 Church Street
Westborough, ma. 01581

Mary Jo Brown
Director of Admitting Services
New England Medical Center
750 Washington Street
Boston, Ma. 02111

November 8, 2001

Dear Sir,

Please be advised that Mrs. Lynn Webster delivered a previable fetus at New England Medical Center on November 6, 2001. The circumstances do not require a certificate of fetal death.

If you should have any questions I can be reached at 617-636-6000.

Sincerely,

Mary Jo Brown
Mary Jo Brown

Re: Lynn Webster
37 Robin Road
Westborough, Ma. 01581

Received and filed in the Office of the Town Clerk Aug. 10, 2004
REMOVAL, TRANSIT AND BURIAL PERMIT

VS-9 Rev. 12/18/98

STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH
 HARTFORD, CT 06134-0308

PERMIT NO.

DATE ISSUED

/ /

1. THIS PERMIT: a. Is sufficient for the removal of a body to any town and also for interment; b. **must accompany body** and c. **must be given to person in charge of cemetery** and endorsed at bottom by the sexton who must then forward it to the registrar of the town where the cemetery is located.
2. **THIS IS NOT a permit to cremate.** For that, a Cremation Permit (VS-48) must be obtained in addition to this permit.
3. This form must be returned to the REGISTRAR of the Town where the cemetery is located.

PERMISSION IS GRANTED TO REMOVE/TRANSPORT/BURY THE BODY OF

Alexander Whitman

WHO DIED AT

Chester Village - West

ON

7 130 104

CAUSE OF DEATH

Cardiac Arrest

TEMPORARY DISPOSITION (LOCATION, ADDRESS, CITY, STATE AND TELEPHONE NUMBER) If body placed in receiving vault, give date.

FINAL DISPOSITION (Name and address of cemetery or crematory)

Burnett Burial Park

BURIAL PLOT

SECTION NO.

NORTHEAST CORNER

LOT NO.

GRAVE NO.

OTHER PLACE OF INTERMENT (Specify)

ISSUED TO (Name of Funeral Director or Embalmer)

Swan Funeral Home

ADDRESS

20 Main St. Deep River, CT

IF EMBALMER, LICENSE NO.

Certificates required by state statute have been received and recorded. Body has been prepared in accordance with the Public Health Code.

SIGNED (Registrar of Vital Statistics)

[Signature]

TOWN OF

Chester

TRANSIT PASTER

☐ YES ☐ NO

THE BODY FOR WHICH THIS PERMIT WAS ISSUED WAS BURIED IN ABOVE NAMED CEMETERY (Sexton's Signature)

[Signature]

DATE BODY BURIED

8 1 1 04

SEXTON'S ENDORSEMENT



State of Florida, Department of Health and Rehabilitative Services, Vital Statistics

APPLICATION FOR BURIAL - TRANSIT PERMIT

A. (Type or Print)

1. Name of Deceased	First	Middle	Last	DATE OF DEATH	Month	Day	Year
	Cecelia	L.	Giles	February 22, 1996			
2. Place of Death	City, Town or Location			Name of (If neither, give street address)			
County	Pinellas			St. Petersburg			
				Hosp. or Inst. North Shore Center			
3. Name of Medical Certifier	Medical Examiner			Address		Phone Number	
Susan B. Betzer, M.D.	461-7th Avenue South, St. Petersburg, Florida 33701						
	Physician 823-0402						
4. Name of Funeral Home/ Direct Disposer	Address		Fla. Lic. No./Reg. No.	Phone Number (Area Code)			
Anderson-McQueen Funeral Home	2201-9th St. N. St. Petersburg, FL 33704		305	813-822-2059			
5. Check Appropriate Box	<p>a <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.</p> <p>b <input checked="" type="checkbox"/> Lucy @ Dr. Betzer was contacted on 2/22/96 within 72 hours after death. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that Dr. Betzer will complete and sign the medical certification of cause of death.</p> <p>c <input type="checkbox"/> _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification.</p>						
6. Place of Final Disposition	In state cemetery/crematory - name/county			Directors Service, Inc. Crematory		Removal from state	
	Pinellas					<input type="checkbox"/> Donator	
7. Funeral Director/ Direct Disposer	Signature		F.E. No./Reg. No.	Date Signed			
	Margo Anderson		2535	2/22/96			

BURIAL - TRANSIT PERMIT

Permit No. 305-11482

Permission is hereby granted to dispose of this body.

☐ A five day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted as undue hardship would result from filing within the normal time limit. If the certificate cannot be filed within this extended time limit, a "Funeral Director/Direct Disposer Report" will be filed with the Local Registrar of the County in which death occurred.

☒ No extension of time for filing the death certificate requested.

Registrar or Subregistrar Signature: Sandra K. Ward Date Issued: 2/22/96 Date Certificate Due: 2/27/96

C. AUTHORIZATION for CREMATION, DISSECTION or BURIAL-AT-SEA

Signature _____, Medical Examiner Date _____
or
Medical Examiner MLD39601811 gave authorization by telephone to Margaret Anderson

_____ Funeral Director/Direct Disposer. Date _____
The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. FOR FUNERAL DIRECTOR/DIRECT DISPOSER USE ONLY

1. Date Burial-Transit Permit (pink copy) was filed with Local Registrar: _____
 2. Date Temporary Certificate was filed with Local Registrar: _____
 3. Date complete Certificate was filed with Local Registrar: _____
 4. Follow-Up Efforts & Activities (Note parties & dates contacted): _____
 5. Name and place of disposition Rural Cemetery Southborough, MA Sec. 4, Lot 26A, Grv#1A on 7/27/04
 6. Funeral Director/Direct Disposer Report filed: Yes ☒ No _____ Date Filed: August 10, 2004
- The cremated remains of Cecelia L. Giles were buried on 7/27/04

FUNERAL DIRECTOR/DIRECT DISPOSER COPY Bridget A. Gilleney

Washington State Burial - Transit Permit

Legal Name (Include AKA's if any)		First	Middle	LAST	Suffix	Death Date
Alexander		Harvey	Whitman			Jun 20 2014
Sex (M/F)	Age - Last Birthday	Under 1 Year		Under 1 Day		County of Death Kitsap
M	70	Months	Days	Hours	Minutes	
Birthdate	Birthplace (City, Town, or County)		(State or Foreign Country)			
May	Boston		Massachusetts			



Washington State Department of
Health

2015 MAY 15 A 11:28

SOUTH BORO, MA

Place of Death, if Death Occurred in a Hospital:		Place of Death, if Death Occurred Somewhere Other than a Hospital: Hospice	
Facility Name (If not a facility, give number & street or location) Deceased's Residence		City, Town, or Location of Death Bremerton	State WA
Zip Code 98311			
Method of Disposition Cremation	Place of Final Disposition (Name of cemetery, crematory, other place) Cherry Grove Crematory	Location - City/Town, and State Poulsbo, WA	
Name and Complete Address of Funeral Facility Lewis Funeral Chapel 5303 Kitsap Way, Bremerton WA		Date of Disposition June	
Funeral Director Signature X			

This Burial Permit Must Accompany Remains to Destination

A Certificate of Death having been Filed as required by the Laws of the State of Washington,
Permission is Hereby given to Dispose of the Body as Stated Above.

Registrar Address	
Registrar Signature X	Date Signed (MM/DD/YYYY)

Cemetery or Crematory Fill in Below

This Permit must be endorsed by the Sexton where interment is made, or by the Funeral Director where there is no Sexton.

Body was	cremated remains were buried	on	May 9, 2015	in	Burnett Burial Park
	(Buried or Cremated)		(MM/DD/YYYY)		(Cemetery or Crematory)
Place	Whitman Lot - Northeast corner				
Signature X					
Return within 10 days to the Registrar of the District in which the cemetery is located.					

Out- of- State Destination of Cremated Remains

Name of Cemetery or Facility	
Burnett Burial Park	
Northeast Corner Whitman area	
City/Town, and State	
Southborough, MA 01772	



Received and filed in the Office of the Town Clerk Aug 25, 2006

State of Florida, Department of Health, Vital Statistics

APPLICATION FOR BURIAL - TRANSIT PERMIT

Paul J. Berry, Town Clerk

A. (TYPE)

1. Name of Deceased	First BARBARA	Middle W	Last WILEY	Date of Death	Month JULY	Day 20	Year 2006
2. Place of Death	City, Town or Location INDIAN RIVER VERO BEACH			Name of (If neither, give street address) Hosp. or Inst. VNA HOSPICE HOUSE			
3. Name of Medical Certifier	WILLIAM T. MCCARRY, M.D.			Address 1460 36TH STREET VERO BEACH, FLORIDA		Phone Number 772-562-7777	
	<input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician						
4. Name of Funeral Home/Direct Disposal Establishment	COX-GIFFORD-SEAWINDS FUNERAL HOME & CREMATORY			Address 1950 20TH STREET VERO BEACH, FLORIDA		Fia. Lic. No./Reg. No. 2214	
						Phone No. (Area Code) 772-562-2365	
5. Check Appropriate Box	a. <input checked="" type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application. b. <input type="checkbox"/> _____ was contacted on _____ He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death within 72 hours. c. <input type="checkbox"/> _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.						
6. Funeral Director/Direct Disposer	Signature 			F.E. No./Reg. No. 2423		Date Signed 07/20/06	

BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body.

P permit No. 06-2214-252

☐ A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

☒ No extension of time for filing the death certificate has been requested.

Registrar or

Subregistrar Signature

Date

issued:

07/20/06

Date Certificate

Due:

07/27/06

AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: 06-19-07-168

Date

07/20/06

Medical Examiner, ROGER MITTLEMAN, M.D.

gave authorization by telephone to

R. MARSHALL VOYLES, JR.

Funeral Director/Direct Disposer.

Date

07/20/06

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

The cremated remains of Barbara W. Wiley
 were buried on August 18, 2006.
 Disposition took place at Rural Cemetery, Southborough, MA
 Section 1-C, Lot R, Grv#1B

Bridget A. Gilleeney-DeCenzo, Cemetery Supervisor

2012 APR 10 P 2:41

SOUTHBOROUGH, MA 01888 *724*



AUTHORITY FOR FINAL DISPOSITION

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Colorado Department
of Public Health
and Environment

- It is unlawful for any person in charge of a burial place or crematory to permit burial or other disposition of a dead human body or fetus until a final disposition permit has been issued.
- A final disposition permit may be issued only upon registration of a completed death certificate.
- A final disposition permit is required for any type of disposition of a dead human body or fetus.
- This permit may be used for transporting by common carrier.
- All permits must be endorsed by the sexton, recorded in the sexton's register, and forwarded within five days of disposition to the local registrar or designee in the county where death occurred.
- This permit meets all the requirements of C.R.S. 12-54-307(2)(a)(IX).
- This permit does not supercede other legal requirements for burial and/or cremation on private property (meaning not an established cemetery or crematory), such as city/county ordinance, land use regulations, covenants, etc. The landowner and/or funeral director is responsible for determining if such requirements or restrictions exist, prior to final disposition.

This final disposition permit, when completed and bearing the required signature, constitutes authority for burial, interment, cremation, removal from the state, or other authorized disposition of the deceased named below, in accordance with Section 25-2-111 C.R.S. 1982. This permit must accompany the remains to their destination.

Name of Decedent Frederick David WOOD Date of Death March 11, 2012
Sex M Age 64 Date of Birth Mar. 27, 1947 Place of Death Louisville Boulder
City County
Name of Funeral Establishment All-States Cremation Services, Inc.
Address of Funeral Establishment 3200 Wadsworth Blvd., Wheat Ridge, Colorado 80033
Type of Disposition Cremation Place All Mortuary & Crematory
Cemetery or Crematory All Mortuary & Crematory City Denver State Colorado

Additional Information regarding transport and/or disposition (if needed):

I have examined the completed death certificate for the decedent named above, and authorize final disposition of the remains. (To be signed by the office designated or established pursuant to Section 25-2-103 C.R.S. 1982 in the county where the death occurred.)


Monica Girardier Deputy Registrar
Signature Title
3450 Broadway Boulder, Colorado 80033 Date
Address

Items below are to be completed by the cemetery or crematory official. Where there is no full-time person in charge, the funeral director may sign as sexton. This form must then be forwarded within five days of disposition to the local registrar or designee in the county where the death occurred.

Type of Disposition Burial - Cremated Date 4/5/2012 In Lot 37-N Block -- Section C-West
Place Rural Cemetery Southborough MA
Cemetery or Crematory City State
[Signature] Cemetery Supervisor April 5, 2012
Signature Title Date

RECEIVED
2015 JUN 31 A 8:05
SOUTHBOROUGH, MA

VIETNAM ARMY

 **State of Florida, Department of Health, Bureau of Vital Statistics**
BURIAL TRANSIT PERMIT

DATE PRINTED: June 17, 2015 TRACKING NUMBER: 2015016320

1. DECEDENT INFORMATION

Name of Deceased RICHARD ELLIOTT WORKS		Date of Death January 29, 2015
Place of Death - County BREVARD	City, Town or Location MELBOURNE	Name of facility, or street address if not a facility 1619 PGA BLVD
Name and Address of Funeral Home/Direct Disposal Establishment BEACH FUNERAL HOMES & CREMATION SERVICES - WEST F052124 4899 N WICKHAM ROAD MELBOURNE, FLORIDA, 32940		Fla. Lic. No./Reg. No. F052124
Funeral Director/Direct Disposer DAVID J. ELLIS		Phone Number (321) 777-4640
		Fla. Lic. No./Reg. No. F044985

2. BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.

Ken Jones
State Registrar

Permit Number: 2015-F052124-5007
Date Issued: January 29, 2015

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 18 **Approval Number:** C15-02-046

4. CEMETERY OR CREMATORY

Place of Disposition: Rural Cemetery, Southborough, MA Sec.11, Lot 20, Grv#1A
Method of Disposition: Burial cremated remains **Date of Disposition:** June 26, 2015

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12
64V-1.011, Florida Administrative Code

[Signature]

PERMIT MUST ACCOMPANY REMAINS TO DESTINATION



STATE OF NEW HAMPSHIRE
BURIAL — TRANSIT PERMIT

Burial Permit No. 46

City or Town of. Claremont, N.H.

Full name of deceased ERNEST JOHN WYCKSTROM
Place of death Claremont Sullivan New Hampshire
(Town or City) (County) (State)
Date of death April 12, 1992 19 Color White Sex Male Age 77
Cause of death Multiple Bleeding site and resulactonemia
Method of disposal Burial Rural Cemetery
(Whether burial, cremation, transportation, storage, etc. - If storage, see over) (Cemetery, Crematory, or Vault)
Town or City Southboro, State Mass

A certificate of death having been filed as required by the laws of this State, permission is hereby given to
John P. Rowe Funeral Home Inc. Town or City Marlboro, Ma. 01752 ..
(Funeral Home) 57 Main Street
to dispose of body of said deceased as above stated. Date Issued April 13, 1992
Signature *Doreen P. Nelson* City or Town of Claremont, N.H. 03743
(Town Clerk, Sub-Registrar, Agent City Board of Health)

CEMETERY OR STOARGE VAULT AUTHORITY SHALL FILL OUT SPACE BELOW WHEN APPLICABLE

If stored, body was placed in, on 19
(Name of storage valut)
Town or City State
Signature
(Sexton or person in charge of storage vault)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was *BURIED* on *APR 16* 19 *92* in *RURAL CEMETERY*
(State whether cremated, buried, etc.) (Cemetery, Crematory, or Vault)
Town or City: *SOUTHBORO* State *MA* Section *15*
Lot No. *27* Grave No. *6* Signature *Budget C. Gillman*
(Sexton or person in charge)

This permit after being signed by the Sexton or person in charge (or by the Funeral Director where there is no Sexton) must be forwarded within six days to the Clerk of the town in which the burial or cremation takes place.

READ CAREFULLY

OFFICIALS: This burial-transit permit may be issued only upon RECEIPT of a completed (SIGNED) death certificate - Not Before, - or in exchange for a burial permit issued at some other place. In special emergencies, telephone the Bureau of Vital Records (1-800-852-3345, extension 4655) for instructions.

FUNERAL DIRECTORS: The burial-transit permit is required for any manner of disposition of a dead body, including interment, storage, cremation and transportation. A permit is required whenever a funeral director is to dispose of the fetus when a fetal death has occurred. When the fetal death has taken place in a hospital the funeral director will obtain the burial permit from the director of medical records at the hospital. The burial permit is attached to the hospital's fetal death report as a removable stub to be used as needed.

When used as a transit permit for transportation by common carrier, this permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required.

Embalming of the body of a deceased person is only required by law if the body is to be exposed to the public for more than twenty-four hours. (RSA 325:40-a) Embalming for shipping purposes or prior to cremation is common practice but not required by state law.

CREMATION: When the body is to be cremated, 48 hours must elapse before cremation can take place and a separate cremation permit (VS MR) must be obtained from the medical examiner and submitted to the crematory with the burial permit. (RSA 325-A-3)

SEXTON: It is unlawful for any sexton, or any other person having charge of a burial place, to permit burial or other disposition of a dead body before a burial permit is deposited with him. (RSA 290:5) All permits must be preserved and forwarded within six days to the clerk of the town/city of burial. (RSA 290:6)

DISINTERMENT: This burial-transit permit is not to be used as a permit for disinterment. A separate permit is needed for this purpose (VS DT-1) which is obtained from and processed through the Bureau of Vital Records and Health Statistics.

STORAGE: When a body is to be stored this permit will be completed by the sexton where the body is entombed and forward by such person to the local Town/City clerk where storage vault is located. When body is to be moved from entombment for final disposal, the funeral director shall obtain this same permit from the Town/City clerk and use it as the permit for permanent disposal.

RECORDED
TOWN OF SOUTHBOROUGH

MAY 7 1992

TOWN CLERKS OFFICE